

Oral Hygiene

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Let's Do Something About **RECIPROCITY**

by Seth W. Shields, D.D.S.

Speaking of the examinations given by the National Board of Dental Examiners the Council on Dental Education of the A.D.A. reports: "The Certificate of Qualification of the National Board is issued only to candidates who pass the examination and who offer evidence of three years of practice after graduation together with satisfactory evidence of moral and ethical standards of professional conduct and a written agreement for the return and cancellation of the Certificate upon demand."

THERE'S A PATIENT in my reception room from Louisville, Kentucky. She's visiting her mother, here, and since I'm her mother's dentist, she's referred the daughter to me for treatment.

I can't treat this patient legally in any state in the United States except Indiana. If I treated her in Kentucky, I might be fined or jailed, or both, for practicing dentistry there without first obtaining a license by taking an examination. To do this, of course, means time, expense, study, and in the end a very probable failure; because I've been practicing these thirteen years, and organic chemistry, physics, and pathology have been forgotten for net income, golf, and fishing.

But, let's get back to the pretty little woman from Kentucky who's waiting for me in the reception room. It is she, I'm told, and her fellow Kentuckians that the dental laws of her state attempt to protect in forbidding me to practice there. Why, then, don't they and all other states, for that matter, go whole hog and make it a flagrant violation of the law for her or any other citizen

to consult a dentist who's not licensed in the prospective patient's state?

Silly, you say! Not a bit sillier than the flimsy excuses that are handed to me when someone explains that the dental laws are to protect the citizens and dentists of their respective states.

If I fill her tooth in Indiana, my state says it's legal, provided I exercise reasonable care, skill, and judgment in keeping with that commonly used in the locality; and Kentucky doesn't give a damn how, why, or when I fill it. However, if I fill it in Kentucky, the situation is reversed; Indiana ignores me, but I'm newspaper material in the criminal columns of Kentucky papers, if I get caught.

This historic, sad situation, unfortunately, is one that can't be blamed on President Roosevelt. Neither can it be laid at the door of the shady politician, the ward healer, the county commissioners, the town board, the city council, Lindbergh, nor Senator Wheeler. No, this is one curse for which you and I, the President of the American Dental Association, the advertising dentist, the big city specialist and the small town denture expert are responsible; and if anything is done about it, it's obviously up to us to do it.

A Dentist Comments

From a friend last week came a letter, which follows in part:

This thing called reciprocity has long been a hot thorn in my side. I have been a citizen of good old Indiana, but not of the United States, it seems. In the time that I have been out of dental school—

over a score of years—I have served as a member of the dental teaching faculty four years, and the rest of the time has been spent, for the greater part, in public school work. Really, I am not qualified to pass another state board examination. [Author's note: this confession makes me feel better about not being able to pass another state board examination.] Yet, during the past year, I have treated mouths of dental patients in four different states and did it in a legal manner, too; and I am only registered in one state—Indiana.

Since getting into the dental corps of the Civilian Conservation Camps I have practiced my profession in Ohio, West Virginia, Indiana, and now I am down here in Kentucky. I'd be put in jail if I practiced in three of those states other than in a CCC camp; but, under that banner, I can be sent to any state and ordered to treat patients there and will be protected by the federal government if any state board of dental examiners objects.

Now, if I am good enough and skilled enough to treat patients for Uncle Sam any place, why, oh why do our states make it so tough for any dentist who wants to cross a state line?

National Group Set Up

Fortunately, for this dentist and all of us, some steps are being taken in the right direction to correct this ridiculous wrong. The National Board of Dental Examiners was organized in 1928. However, it was not until 1933 that its first examinations were conducted. Since that time this organization has held examinations in twenty-four of our forty-eight states and 436 candidates have passed their examinations satisfactorily.

Unfortunately, only twelve states have laws which permit the proper authorities to recognize dentists who have passed the stiff examinations that are conducted by the Na-



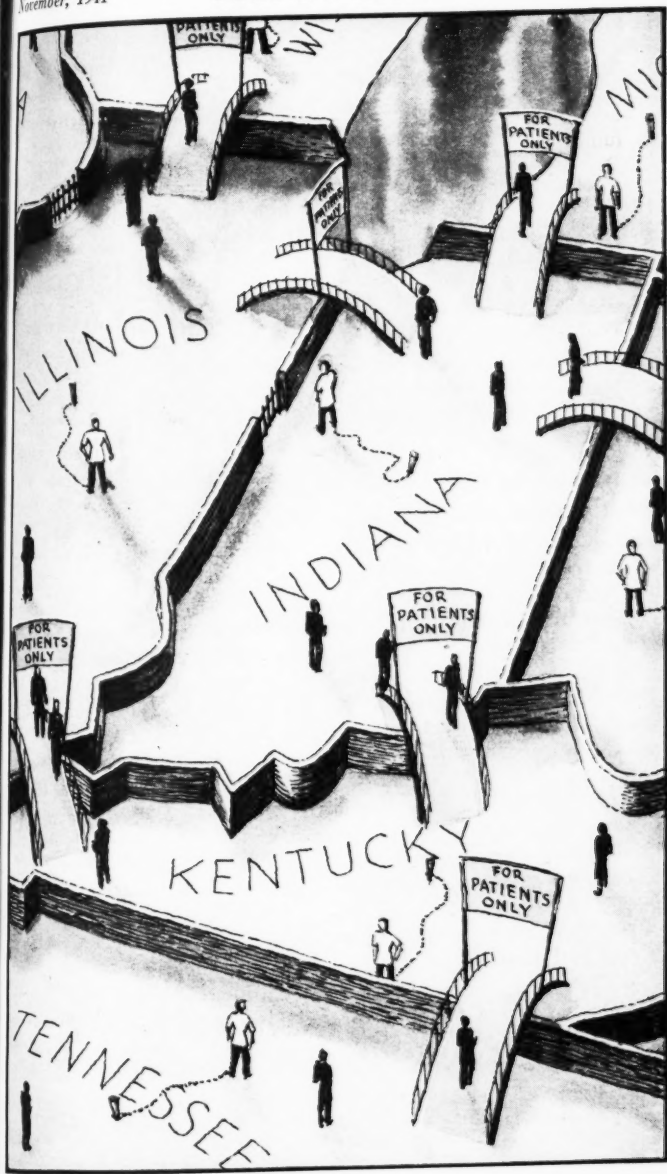
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tional Board. Alabama, Connecticut, Delaware, Indiana, Iowa, Illinois, Maine, Minnesota, Nebraska, Pennsylvania, South Dakota, and Virginia are the twelve.

In every one of these twelve states the practical examination is reserved for the state examining board. I know of no state that will permit any dentist to practice without it unless he first passes a rigid practical examination, even though the candidate possesses a certificate from the National Board of Dental Examiners, which is accepted *only* as a fulfillment of the required theoretical examination.

Certification by Dean

A candidate for the examination must be certified by his dean before he is eligible. The examinations are conducted in two parts, and a certified candidate is eligible for the first part by paying a fifteen dollar fee at the end of his sophomore year. This part of the examination consists of written tests in each of the fundamental sciences: anatomy, general and dental; bacteriology, physiology, general pathology, histology, general and dental, including embryology, and physiological chemistry, and metallurgy. Two days are permitted for the candidate to complete his written tests in these subjects.

Part two of the National Board of Dental Examiners' examinations consists of written papers in operative dentistry, materia medica and therapeutics, prosthetic dentistry, including partial and full denture, fixed and removable bridgework and crown construction, oral sur-

gery and dental surgery, orthodontia, radiology, jurisprudence and ethics, oral pathology and anesthesia. An applicant is eligible after paying fifteen dollars more and upon receiving his diploma from an accredited dental school.

The members of the National Board of Dental Examiners are: Harold W. Alden, Thomas E. Purcell, Morton J. Loeb, C. Barton Addie, Walter F. Barry, Charles J. Baumann, Frank C. Cady, Leigh C. Fairbank, H. Edmund Friesell, James V. Gentilly, Robert R. Gillis, Floyd Hogeboom, Wilbert Jackson, James E. John, Albert Know, Howard M. Marjerson, Ray H. Nelson, and Gordon L. Teall. Doctor Morton J. Loeb, 66 Trumbull Street, New Haven, Connecticut, is secretary.

These well-known men represent a standing committee of the American Dental Association, and five of them represent the National Association of Dental Examiners, five the American Association of Dental Schools, and five are chosen by the trustees of the American Dental Association. One representative each of the surgeons general of the Army, Navy, and Public Health Service serves with the board.

Gentlemen, it's a fine kettle of spoiled fish when such a body of men and their examinations are recognized by only twelve of our states. I'm proud indeed that Indiana is among them; and if I lived in a state that didn't recognize the National Board, I'd do something about it, if I had to raise hell on my hind legs from dawn to dusk.

Today, there is an increas-

ing tendency for the federal government to assume control of nearly everything. There is an ever-lessening of state control of anything, and whether we like it or not, we are steadily progressing toward more centralization. All education formerly was controlled by state and local boards; now vocational education is largely controlled by the federal government. Relief used to be a matter for the township trustee; now it gets Roosevelt elected for a third term, and more if he wants it. Agriculture was an occupation of one whom we sometimes laughingly referred to as a farmer; now it's a profession that pays big dividends—thanks to the federal government — to its followers whether they're occupied in raising or *not* raising cattle and crops.

Therefore, if dentists can go into public health service of CCC camps, the Army or the Navy, and practice anywhere in America, why can't they do the same thing in civilian life after paying a fair registration fee and furnishing recommendations from their home state boards that they're ethical dentists and what we all like to hear said about ourselves—"good dentists"?

Your guess is as good as mine, but in the name of heaven let's do something to make it possible.

A change in the entire concept of state rights and state licensing in our profession is quite likely in the near future. Thousands of dentists now are rendering service for CCC camps, the Army, the Navy and public health. These men are scattered throughout the nation and its

possessions and they practice legally wherever they are assigned only so long as Uncle Sam is their paymaster.

Action Needed

These "let's-do-something-about-it" stories are worthless, until some specific suggestions are made as to what should be done. I suggest the following:

1. The ability to accept or reject candidates for the practice of dentistry by the National Board of Dental Examiners should be recognized, at once, by each of the forty-eight states instead of the courageous twelve who were mentioned previously.

2. State examining boards should be kept intact only for the purpose of revoking licenses of dentists, who by fair trial are found to be professionally unfit to continue practice, and for the registration of dentists who have passed the National Board, or those who have practiced for five years.

3. The National Board should be empowered, immediately, to conduct practical examinations.

4. A fair fee should be charged by any state board to a dentist, who has a certificate from the national board, before he is permitted to practice there.

5. All state board members should be elected by a popular vote of the memberships of the state dental societies, and none should be appointed.

6. Any dentist who *now* has practiced his profession in any capacity for a period of five years in any state and who can furnish evi-

dence that he is ethical and moderately successful should, by payment of a fair fee, be permitted to practice in any state in the Union. In short, if he's competent in one state, why, oh why, isn't he in

all of them? Can anyone answer that question?

7. Action should be taken at once!

Seymour, Indiana

REHABILITATION "HEALTH-BOUNTIES" SUGGESTED*

AS THE ATTENTION of the nation focuses upon the physical and mental state of the people, two problems appear outstanding: first, possibilities for rehabilitating those who have been or may be rejected by selective service and, second, how to prevent a recurrence of these defects in future generations.

The problem of rehabilitation embraces not only the first million men to be drafted, but also the many millions who have not been called. Although a survey of the detailed list of defects reveals that about a third to a half are wholly correctable, and others partly correctable, the burden of correction cannot be placed upon individuals or communities. It is a national responsibility, calling for national action and national expenditure.

This nation once spent six hundred million dollars for military service bounties; "health-bounties" as an investment would yield immediate returns and will pay future dividends when the present emergency ends.

*Sinai, Nathan: Physical Fitness and the Draft, *Harpers Magazine* 183:552 (October) 1941.

Speaking as a Patient—

I like the change in my dentist's attitude the day after he has spent a few hours in the chair undergoing cavity preparation and treatment. Although his special consideration doesn't last more than a day or so, I find that during this period he is gentle, quick to use warm water and sharp burs, and more thoughtful of his patient's comfort.



Correcting Dental Misconceptions



"Chairside dental education is, of all methods, by far the most valuable. We dentists can give each patient information that really counts."

by William H. Sturm, D.D.S.

THE WAY TO CREATE a demand for more and better dentistry, as has been said many times before, is to educate the public to a more intense dental consciousness. But before we can hope to teach all the public the facts of dental health, we have to clear away erroneous, popularly-held beliefs about dentistry.

We are getting some help through school health programs, which supply education and publicity of the best type. It has been my experience that a large percentage of families owe their first experience with the dentist to this means of education. The radio, used in the proper manner, could also be a powerful and beneficial influence. Articles on dental subjects in popular magazines and newspapers, however, are generally too breezy and inaccurate to be of much value.

Chairside dental education is, of all methods, by far the most valuable. We dentists can give each patient information that really counts. I am amazed and amused by the misinformation particularly of new patients as indicated by their questions. That is why I believe we must begin at the chairside with the simplest dental facts. After nearly a score of years in a busy dental practice, I have attempted to organize the answers I give to patients, who ask about their teeth. I find that certain queries lead all the rest. These questions are usually asked by patients who have not had any recent experience with a dentist. They indicate that our dental educational programs are falling short; therefore, it is time we dentists begin an intensive and personal dental educational program of our own. If each dentist made it a practice to get

over to five patients, five facts daily, I believe the dental consciousness of the American public would be increased tenfold in a decade. Taking each one of these implied questions or misstatements in their turn, I will explain them in the way I have found most effective for my patients.

1. *Baby teeth will fall out, therefore require no attention.* The point which seems to have the greatest appeal to the parents is the appearance of the permanent teeth. I explain that if the baby teeth are lost too early through caries or other deficiencies, the jaw will not develop to its normal size; the succeeding permanent teeth will be crowded, crooked and irregular.

2. *Tendency to have dental caries is inherited.* After examining the teeth of parents and children for nearly a score of years, I see no relation between the quality of the parents' teeth and that of their children. I see no relationship as to the likelihood of children having inferior dentition just because the parents had defective teeth. This belief is strongly intrenched in the lay mind. I am aware that the shape and form of the teeth and jaws are inherited, but the resistance of teeth to dental caries is a matter of individual physiology.

3. *When the nerve is removed, the tooth cannot ache.* I explain that a tooth which has had its nerve destroyed, is nonvital, and therefore may harbor pus and gas and produce a severe kind of pain. The blood stream can carry the products of decomposition to distant organs of the body, or to the

joints, and there can set up a new point of infection.

4. *A prophylaxis by a dentist will remove the enamel.* Many times, I have been asked in all seriousness if having the teeth cleaned by a dentist removes the enamel. With all the grace and self-control I can summon, I inform these patients that their fears are groundless, that I have patients who have had prophylaxes at the rate of two a year for ten years, who have suffered no ill effects. Related to this subject of prophylaxis is the common query from patients who wonder if certain dentifrices will ruin the teeth. Of course, I inform the skeptics that these preparations are not harmful and will greatly aid in cleansing the teeth.

5. *Dental operations are always painful.* There is no question about the fact that it is universally believed that the dentist will hurt. If we dentists took an oath to establish, in patients' minds, a comfort complex, rather than a pain complex, the practice of dentistry would be increased. To forestall the everlasting question, "Will it hurt?" I tell them about analgesia, nerve block, and infiltration that will make them comfortable. With the anesthetics at our command today, we can eliminate pain from our dental operations as competently as the surgeon who removes tonsils or an appendix painlessly.

6. *Immediate replacement of teeth is impossible.* We dentists should not wonder too much at the prevalence of this belief. Dentists, until quite recently, have been advising patients to wait anywhere

from three months to three years before having teeth replaced. Immediate replacements are the rule today, rather than the exception. We only wonder why we did not use this procedure before. The advantages of immediate insertion are so obvious now, and when explained to the patient his first abhorrence of the thought of a hard substance being placed against the tender gums readily vanishes. I tell the patient that there is no need to go without teeth. The new denture acts as a bandage upon the wounded gums. Thus there is little loss of function, and the teeth can be made to resemble the natural teeth.

7. *Believe that "four out of five have it."* Here is an instance of where a slogan went over with greater momentum than was ever intended. Virtually all adults ask their dentist whether or not they have pyorrhea. The well-advertised slogan has developed a pyorrhea-consciousness in the American public. I explain to my patients that pyorrhea is a condition of the teeth and gums characterized by pockets, pus, and atrophy. To allay their fears I tell them that the slogan, "four out of five have it" is an exaggeration. I further inform them that pyorrhea responds remarkably well to treatment, consisting of strict oral hygiene and sufficient raw vegetables and fruit in the diet. I add that the investing tissues about the teeth have a phenomenal recuperative power.

8. *Loss of all the teeth is inevitable.* Most people believe that in later life they will lose their teeth

and be compelled to wear dentures. This belief has gained credence, no doubt, because nearly all the old people one sees, either have no teeth or are wearing artificial teeth. My belief is, that the generation now in the public schools will need more dentistry, and will have more dentistry, but will wear fewer dentures, than their parents or grandparents. As preventive measures, I specify a semi-annual visit to the dentist and, just as important, a balanced dietary. As to what constitutes an adequate dietary, I refer you to the ORAL HYGIENE article, *What Patients Should Know About Diet*.¹ I believe we can safely advise the patient that the natural teeth will give a lifetime of service if he avails himself of modern dentistry.

9. *Loss of posterior teeth does not count.* Most people do not realize the harm occasioned by the removal of a posterior tooth. Besides the loss of masticating power of the member I point out that hearing may be affected, through closure of the jaw relationship. Then I call attention to the possible loss of facial symmetry through the absence of one or more posterior teeth. This appeals to women particularly.

10. *Fragments of process from a socket are broken roots.* Patients usually are of the opinion that, when pieces of process work through following extraction, the tooth has been fractured during removal and is showing up belatedly. How many times have you had to explain to an accusing patient that

¹Sturm, W. H.: *What Dental Patients Should Know About Diet*, ORAL HYGIENE 28:1276 (October) 1938.

the sharp spicule is only a part of the normal process and not a tooth root? Patients enjoy relating how the dentist broke the jawbone in extracting a tooth. To forestall this I have a chart on my wall showing an enlarged drawing of a tooth and the investing tissues. I tell patients that the socket wall, which extends away from the main body of the

jawbone will perhaps work out through the gums.

Without attempting to cover the entire field I have tried, here, to show you how I correct some of the misconceptions of my patients. It is my hope that these comments will be helpful to you in similar predicaments.

7310 Woodward Ave., Detroit, Mich.

DENTISTS MAKE GOOD GOLFERS

IT'S EASY FOR Austin Sniffen, 70-year-old dentist, to understand why dentists make good golfers. Now president of the Westchester Seniors Golf Association, he has played the game for thirty-five years and watched a good many other dentists in action, according to George Trevor of the *New York Sun*.

"Dentists make good golfers," says Doctor Sniffen, "because the meticulous nature of their task trains them to concentrate intently on minute objects and develops delicacy of touch. Inlay construction calls for precision, dexterity and finesse—which may explain why so many dentists excel at the finicky business of chipping and putting. To the chap who peers at a tiny cavity for hours at a stretch a $4\frac{1}{4}$ inch golf cup looks as big around as a barrel. Dentistry also strengthens the forearms, hands and fingers, which are so important in hitting a golf ball."

Doctor Sniffen added that a dentist invented the wooden tee¹ now universally used and that three dentists have played in Walker cup matches—Doctor Willing for America and John Stout and Bill Tweddel for England. This is the same Doctor Stout who devised the six-inch tall Eiffel Tower tee from which he launched prodigious drives.

¹Doctor Lowell Banishes the Sand Box, ORAL HYGIENE 28:484 (April) 1938.

Speaking as a Patient—

I like my dentist because he is an ordinary fellow. He doesn't rave on about this society and that club, or all the big shots he knows; he hasn't his wall covered with certificates, diplomas, citations, and other honorary shingles. He is a dentist, a good one, and an ordinary human being as well.

IT MAY BE A PHONY WAR, BUT—



When the day is done, the British dentist, if he hasn't been bombed, may read his journal in a spare half-hour—read about caries and its cause—or the anthropological value of the new Sterkfontein tooth.

by Edward Samson, L.D.S.

IN THOSE QUIET moments that come to us all—even here in Great Britain between blitzes—one is likely to reflect on the strange character of this war, for dentists also experience occasional moods of reflection upon subjects other than caries. During these intervals of quietude I have often thought back to the time when people were describing the situation with that delightfully terse Americanism, a "phony" war.

Since then the battle of Britain has been fought and won. Our great cities have been burned, their spirits reborn, phoenix-like from the flames. A thousand headline events have come and gone to put a lie to the phonyism of the struggle. And dentists have died with the rest. Yet, in dentistry itself, which must follow the course of national life since it is a vital part of that

life, there is something still bewildering—something which might appear, at first sight, slightly phony, until it is examined in all its implications.

During the phenomenal evacuation of Dunkirk more than one dental officer forgot the forceps and took command of retreating men, bringing them to safety with epic heroism. Some of them died in their gallant efforts, far from the chair-side. While that bloody but glorious battle was being waged, that other, age-old battle was being fought on the caries front of our professional journals. Dunkirk is now a glorious page of history with Crete and Matapan, but the caries battle goes on. Is this just indifference, ignorance, or slow-wittedness? Is it part of a phony war? I think not. It is simply the determination of those at home to

continue their efforts in the cause of dental science, unperturbed by Hitler. They are holding on to the thread of pre-war endeavor that it may lead them to greater success in the calm of postwar days to come.

Again, while our churches were being ruthlessly destroyed, while dentists were losing both the personnel and premises of their practices, while even the headquarters of the British Dental Association was smelling of recent incendiary bombs, a lively discussion was taking place over the proper rate of payment for insurance dentistry. This may be as trivial—yes, as phony as grumbling about the sugarless tea a helper gives you when your home has just gone up with a land-mine. Perhaps it is. Yet it is just this paradoxical behavior of dentists that is going to win the war, for it is typical of everyone else. If a dentist can grumble about his fees when he has lost his house, it means that he still knows what he is fighting for, the right to grumble—the freedom to express himself and the determination to do it, when and where he likes. Sadly enough, caries and the fees it provides will long outlive Naziism.

Dentists, who have lost highly remunerative practices in London, begin again in small country towns. They are not miserable, neither are they, in their own eyes, the tragedies of war. They are just dentists carrying on. There are elderly men who have grown grey with their practices in seaside towns, now acting as paid assistants to colleagues thirty years their junior in strange districts. A bomb has, in a flash, in-

verted normal relationships. The older men don't mind—at least, they show no rancor. The younger men take no advantage of the strange situation. In the services, dentists who have had years of hard and valuable experience are junior to men who have qualified but a few years. *Phony*, if you like, yet these instances represent something fundamentally fine, which contradicts their superficial topsturvydom.

Sense of Values Changes

And how one's standards are changing. Not those deep-rooted standards for which the sane half of the world is fighting, but those trumpery little social standards of taste and individual whim, of fashion and foible. Where once we turned a sensitive nose in disgust from the onion-laden breath of an inconsiderate patient, one now inhales deeply of the rare perfume. Onions are scarce and their rarity has made them more desirable than a whiff of *Nuit d'Amour*. Now, too, when the dear little woman complains of cervical margins sensitive to chocolate, one no longer rushes for the silver nitrate nor omnisciently prescribes two and one-half per cent formalin. With unprofessional disinterest in the pathology of the case, one brazenly asks where she got the chocolate.

In those leisurely days of peace I sometimes received gifts from patients whose full lower dentures, by luck, had been made to fit, or whose restorations, due to atrophied pulps, were performed painlessly. An etching, a small bronze, an

November, 1941
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ivory chess set were a few of the
delightful manifestations of their
esteem. Today the gifts are less fre-
quent if more appreciated. Only
yesterday an old lady surreptitious-
ly handed me five cigarettes. Last
week a young man brought me five
tomatoes of his own growing. A
small girl of eight proudly present-
ed me with a box of cheese.

This does not mean that den-
tists, or other people, are starving.
It means only that the scarcity of
certain things has altered our sense
of values, our tastes, and require-
ments. The real and essential have
taken the place of stupid prejudices
and the belief that our luxuries
were indispensables. This phony-
ism is giving us perspective.

Dentists Handicapped

Economically dental practice is
in a dilemma—at least, certain
types of practice. The cost of ma-
terials, labor, utilities, added to in-
creased cost of living and income
tax, have greatly added to the den-
tist's expenses. On the other hand,
these same factors have also in-
fluenced the lives of his patients,
particularly those living on invest-
ed capital. Thus, while the dentist
should legitimately raise his fees,
his patients, in many instances, ask
for reduction. Where a long asso-
ciation has existed between the two,
in a well-established family prac-
tice, the dentist cannot do less than
help his patient. He certainly can-
not, in all honor, provide cheaper
or inferior service, nor can he turn
his old patients away. If, however,
he is to endeavor to maintain his
income he must work more for, in



**Of changing standards in an
England under fire Doctor
Samson says, "Today gifts are
less frequent if more appre-
ciated. Only yesterday an old
lady surreptitiously handed
me five cigarettes. Last week a
young man brought me five
tomatoes of his own growing.
A small girl of eight proudly
presented me with a box of
cheese."**

the most part, lower fees. Yet, if he
is wise, he does not complain,
knowing well that he is fortunate
to be able to work more, when, per-
haps, thirty miles away his col-
leagues cannot do anything. A
bomb makes such a difference in
the course of one's life; and it may
drop here or it may drop there. If
by chance a few thousand drop on
a chosen district, the dentists there
may find they suddenly have no
practices—or the practices, no den-
tists.

At nights, innumerable dentists
spend long hours fire-watching,
drilling with the Home Guard, tak-
ing general anesthetic courses, do-
ing war work in a thousand differ-

ent ways. When they return to their practices next day, if the surgery is there, they will begin the old routine over again. Teeth will be restored as they always have been. Teeth will be extracted and replaced. The telephone will ring; appointments will be made and cancelled. Fingers will be covered with lipstick by one patient; another will grumble about a sore place caused by her denture, though she has just lost her house. (A patient apologized to a clinic dentist for being a half hour late because, "My 'ouse 'as just been 'it.") So it will go on—the quotidian round. And when the day is done, the dentist may read his journal in a spare half hour—read about caries and its cause—or the anthropological value of the new Sterkfontein tooth.

He may even go to a meeting of his association to hear a paper read on the movement of the temporomandibular joint.

Call it phony, if you like, but it's a most revitalizing phonyism, which is keeping dentistry, with all else, on top. For all our difficulties, if any dentist I know were not now here, I'll swear he would echo what Rupert Brooke wrote from Berlin:

"God! I will pack, and take a train,
And get me to England once again!
For England's the one land, I know,
Where men with splendid hearts may go."

7 Poole Road
Bournemouth, England

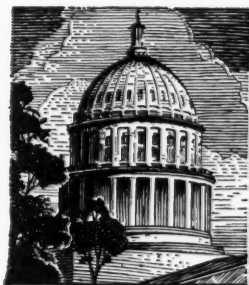
WHAT ARE RIGHTS OF REFUGEES?

IN THE STATE of New York more than 2,500 medical men of foreign extraction have located, after having been driven by persecution from their native lands. Remembering that all of us, or our ancestors, were at one time "strangers" here, Doctor Samuel J. Kopetzky, Chief Medical Officer of New York Selective Service Administration, asks hospitality for these newly-arrived physicians. But he does not believe it is just for our American medical men to give up their private practices and hospital positions at the call of their government and leave these physician-refugees at home. Instead he suggests that they be made a part of our defense force. "I advocate," says Doctor Kopetzky, "putting the refugee-physician into the mechanism of our medical defense program, not only because he should in this way repay the free gift of American hospitality, but also because I do not want to see the American doctor handicapped—because while he serves, his foreign colleague profits, since the high privilege of service is denied him. . . . I do not advocate that these men, with their inherent nostalgic tendencies, ever be assigned to key positions in our defense mechanism. But some place where they may serve must be found for them."

DENTAL DEFENSE

—WHEN AND WHY?

by S. P. Ratner, D.D.S.



Decrying the negligence of the health professions in not putting into effect lessons learned in the last war, Doctor Ratner says, "Every pretext, every excuse, every subterfuge was used to thwart and to negate the efforts of the government to establish a more reasonable distribution of health service."

IN THE DEFENSE of this democracy, the Selective Service law was enacted, and we are now either responding to the call of duty or watching our sons and brothers go to their posts. But before a man can be inducted into service his physical and mental fitness to endure the hardships of military life must be established. The findings along these lines are revealing, and definitely prove that health of civilians is the direct concern of the government.

The long drawn-out controversy of progressives and conservatives in the ranks of the health professions is opened once more with the cleavage established more sharply than ever. It was the contention of the progressives that the lack of adequate health care, with the attendant wastage of man power, is the worst form of dissipation of our vital national resources and that the health professions, at least in part, are responsible for that

condition. In fact, that lesson should have been clear to us since the last World War when almost 50 per cent of the drafted men were found below required minimum standards. Statistics extant show that 21 per cent were then rejected outright and 26 per cent, with correctable defects, were accepted provisionally.

Now we find the outright rejections running as high as 30 per cent with the correctable conditions being placed in a different classification. Surely, a quarter of a century has not changed our thinking very much. To every proposal for a modification of the relationship of the medical profession to the public, the conservatives in the ranks cried "socialized medicine!" and refused to listen to the demands of our democracy. The conservatives did not conserve; they definitely wasted our most precious gift—the health of our citizens.

From the dental point of view the picture is still more disconcerting. Doctor George E. Leone, Captain, Medical Corps, Medical Inspector for Recruiting, Second Corps Area, U. S. Army, writes in the *Journal of the American Medical Association* as follows: "Failure to meet the dental requirements stands out as the most important cause for rejection. Of the total number rejected during this period, that is, out of 2,195, there were 516 rejections as a result of defective teeth, more than 23 per cent of the total number rejected."

I can speak on the subject from personal observation for I have been, in collaboration with two other colleagues, engaged in examining the registrants in a local draft board upon the invitation of the physician in charge. We can support, and do so readily, every word of Doctor Leone's who, although not a dentist, senses the true state of affairs when he further says: "It was amazing to find how many young men who have attended our public educational institutions failed to come up to these minimum requirements. It is well known that the condition of the teeth is a fairly reliable criterion on the general health and habits of young men."

But, perhaps, we ought to look at this dental picture a little more closely. Only by so doing can we get a glimpse of the true state of affairs.

The dental requirements are not stringent. The teeth and surrounding structures do not have to approach the ideal state. A minimum

of masticating efficiency is required. A total of only 12 serviceable natural teeth or *passable substitutes thereof* suffices. "A minimum of three serviceable natural masticating teeth above and three below opposing, and three serviceable natural incisors above and three below opposing." A total, therefore, of six masticating teeth and six incisor teeth. Masticating teeth include molars and premolars; incisor teeth include all six anterior teeth. This regulation was later changed to interpret every substitute tooth on a stationary or removable appliance as a natural tooth. In other words, an applicant need not even have twelve sound teeth in his head to qualify. Cavities, blind abscesses, mild pathology, mild forms of malocclusion, presence of severely broken down or missing teeth are no bar to induction into the service. We must remember that neither in the local draft board, nor in the induction boards, are roentgenograms or other tests used or required.¹

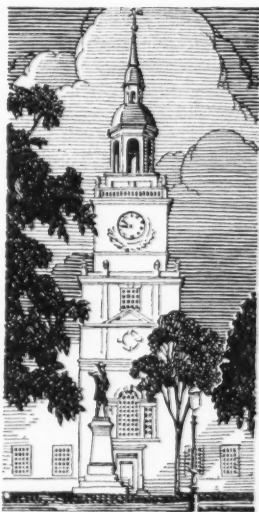
That is the state of affairs with the youth of our nation now called upon to defend our democracy. As dentists we know, through the researches of Billings, Rosenow and others, what such conditions imply. How proud are we of the dental progress in the last quarter of a century and especially of the benefits that have accrued to our people? How much have we done to uphold our institutions by keeping our sons and brothers physical-

¹Wetzel, E. C.: Spend Today to Save Tomorrow, *ORAL HYGIENE* 31:1017 (August) 1941.

ly fit to defend us in a state of emergency?

We often hear the boast that the medical profession is the guardian of the health of our people and, as a sort of parallel, that the dental profession is the guardian of the oral cavity. Yet, every time I look into the mouths of these eager young men and observe the gaping chasms, the broken-down crags and fissures, I feel that an apology and explanation, if possible, is due to every one of them. If it is lawful and moral to conscript our sons and brothers for defense, are not these draftees justified in asking this question, "Why has not the government seen the necessity of giving us a chance to be physically fit to endure the hardships of training and probable combat?" To be declared a misfit in the prime of life, possibly as a result of some preventable disease, through no fault of the individual, does not make sense.

The medical and dental professions are now bestirring themselves in organizing defense committees. It is my contention that all such activities are mere gestures; what we are doing is as Winston Churchill so aptly characterized it "too late and not enough." Our defense work should have started immediately after the last World War. With statistics before them, the organized professions should have been instrumental in setting up the machinery to correct such deplorable conditions. From the days of the Wilbur Committee, appointed by President Hoover, to the present day, the American Medical Asso-



In a true democracy the spirit of cooperation must prevail. The right to "life, liberty and pursuit of happiness" must be made available to every single individual.

ciation and, in a lesser degree, the American Dental Association, did everything in their power to prevent a change in the doctor-patient relationship. Every pretext, every excuse, every subterfuge was used to thwart and to negate the efforts of the government to establish a more reasonable distribution of health service. Lately these professions have expressed a willingness to cooperate with the government but did nothing concrete to promulgate any plan or formula.

"After you, dear Alphonse," has been the attitude and it still remains so.

We, of the dental profession, have a definite idea of the value of our services. We know that a clean mouth cannot be a nidus of infection. We know that clean teeth and healthy gums go a long way toward maintaining general good health. If given a chance to minister to dental needs and nutritional requirements of a normal child from a tender age to adolescence, we know that we greatly help in the formation of a healthy adult. That lesson should have been forced by the dental profession upon all agencies directly or indirectly concerned with the health of the people. We have the intelligence to prepare such a program. As a long-range objective

the cost cannot be prohibitive. The waste resulting from neglect of our children is far costlier. As an enlightened group it is our duty to work for the common good of our people.

In a true democracy the spirit of cooperation must prevail. The right to "life, liberty and pursuit of happiness" must be made available to every single individual. Democracy cannot flourish by mere wishful thinking and by rendering lip service. In our limited sphere, we can and we should do our bit to make the wheels operate more easily and smoothly.

31-58 Steinway Street
Long Island City, New York

Dental Meeting Dates

Ohio State Dental Society, seventy-sixth annual meeting, Neil House Hotel, Columbus, November 10-12.

Odontological Society of Western Pennsylvania, annual meeting, William Penn Hotel, Pittsburgh, November 11-13.

American Association for the Advancement of Oral Diagnosis, eighth annual meeting, New York Academy of Medicine, New York City, November 13-14.

Midcontinent Dental Congress, St. Louis, November 17-19.

Greater New York Dental Meeting, Hotel Pennsylvania, New York City, December 1-5.

Pan American Odontological Association, annual dinner meeting, Hotel Pennsylvania, New York City, December 3.

Dallas Midwinter Dental Clinic, Hotel Adolphus, Dallas, Texas, January 26-28.

Pennsylvania State Dental Society, the Philadelphia County Dental Society, seventy-fourth annual meeting, Benjamin Franklin Hotel, Philadelphia, February 3-6.

Five State Post Graduate Clinic, Mayflower Hotel, Washington, D. C., March 8-12

DENTAL SCHOOLS SOUTH OF THE BORDER



"... a definite policy between the two continents, permitting an exchange of students and professors—an exchange of ideas and techniques— . . . would benefit the scope and future of dentistry in both North and South America."

"I WOULD LIKE to see some recent graduate dentists come to the United States and spend a year in our dental schools to take extensive instruction in cavity preparation and operative dentistry, with the understanding that they would return to South America and teach operative dentistry in their schools," Doctor Roy F. West, Seattle oral surgeon and exodontist, stated on his return from an extended tour of South American dental schools as guest of the American Dental Society of Buenos Aires. Doctor West was accompanied by Mrs. West, Doctor John T. Ryan, professor of operative dentistry at the North Pacific Dental College, Portland, Oregon, and his wife, Doctor Edna Ryan.

Spending twelve days in Lima, Peru, Doctor West and Doctor Ryan operated each morning for the senior students of the Lima Dental College, in the oldest university in the western hemisphere. The dean, Doctor Jose M. Garcia Bedoya, expressed the interest, predominant throughout South America, in new techniques, and

the need for teachers of operative dentistry and demonstrations by American clinicians.

Stopping at Valparaiso and Santiago, on their way to Buenos Aires, the party was honored by colleges and dental societies. Dental schools in Chile, Argentina, Uruguay, and Brazil are operated by the respective governments. There is no tuition for students, and no limitation as to the number of women taking dentistry. In almost every college visited by Doctors West and Ryan there were as many women studying dentistry as men. Classes are held mornings only—no infirmary work afternoons or evenings.

Conducts Clinics

While in Buenos Aires Doctor West conducted operative clinics each morning for the two weeks of his visit, and Doctor Ryan conducted a number of classes in gold foil and inlay restorations. During the evening sessions they presented colored motion pictures on properties of amalgams, operative dentistry, anesthesia and mouth sur-

gery; Spanish titles having been cut in.

The government is constructing a large concrete building for a new dental school in Buenos Aires. The American Dental Society of Buenos Aires, sponsor of Doctor West's tour, is composed of North American and South American dentists who have attended dental colleges in the United States and have diplomas from these schools. There are fifteen active members—all extremely interested in the advancement of dentistry. Every two years they make it possible for an American dental clinician to go to Buenos Aires and instruct them. Doctor Rigoberto Blanco is the president, and Doctor George French is the secretary of the organization.

In Montevideo, Uruguay, as guest of the Sociedad de Estudios Odontologicos, Doctor West instructed this society for a week, with Doctor Francisco M. Pucci, general chairman of the sessions, acting as interpreter. Upon being shown through the dental school there, Doctor West remarked, "The school had just moved into a new building. It was the finest building for a dental school we had ever seen. The money for the building and equipment was furnished by the government."

A great deal of the equipment in this school was of German construction. "They had just received fifty new dental chairs the day or so before, from Germany. They also had fifty dental units ordered and were expecting them in the near future. I asked them how they arrived from Germany, and all they

said was, 'They are here.'" It is Doctor West's observation that although one sees a great deal of German goods in South America, the only reason for this is that they are lower priced than materials made in the United States.

Apparently the majority of the people of the South American countries are resisting the inroads being attempted by German "tourists," and the people look to the United States as their true friend. Spending the Fourth of July in Montevideo, Doctor West was again impressed by the favorable feeling he found all over South America, "and especially in Uruguay," for President Roosevelt's policy. In the classroom one day, the American flag was prominently displayed over the rostrum along with a picture of President Roosevelt and the flag of Uruguay. From Montevideo, Doctor West went to Rio de Janeiro to give instruction in mouth surgery.

The dental schools of South America are excellent—the facilities are the best the governments can provide. The governmental subsidy illustrates the interest, predominant throughout South America, in the future of the people. Students are being encouraged to study dentistry, and they are needed. Now back to his practice in Seattle, Doctor West would like to see a definite policy between the two continents, permitting an exchange of students and professors—an exchange of ideas and techniques—which would benefit the scope and future of dentistry in both North and South America.



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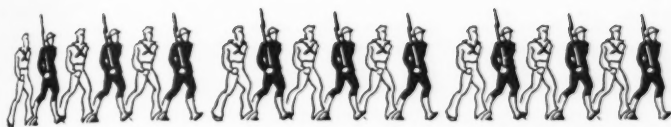
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Military and Defense News

Malpractice Insurance in the Service:

Should a dentist continue his malpractice insurance after he has been called to military duty? This question has been raised by members of the Army medical department and an answer has been given by the Judge Advocate General's office.¹

The Judge Advocate General has already expressed the opinion that the same degree of professional ability, care and diligence required in treatment of civilians by physicians is expected of medical officers in their treatment of enrollees in the Civilian Conservation Corps (JAG 013.2, July 27, 1937). A previous decision of the Judge Advocate General (JAG 707, March 6, 1934), held that members of the Army are entitled to equal rights of action between each other, such as they enjoyed in civil life, in reference to suits for malpractice or negligence.



Civil Rights Respected: Although the War Department has not undertaken the defense of an officer of the medical corps in civil suit, the defendant officer may have the case removed to a federal court and be defended by a United States attorney selected by the Department of Justice. If judgment is rendered against the medical officer, there is no provision whereby the judg-

ment could be paid by the government or the defendant reimbursed by the government.

According to the Judge Advocate General¹ "malpractice suits by persons in military service against members of the Medical Corps have thus far been quite rare. Accordingly, it appears that especially favorable premium rates should be obtainable from insurance companies" for malpractice insurance.



No Reported Cases: Apparently there have been no reported decisions directly touching the problem of civil liberty in suits by persons in the Service against Medical Corps officers, wherein plaintiffs have alleged malpractice. However, some of the principles regarding liability of persons in the military service to civil suit are applicable.



Course of Action: In the event that a malpractice suit is filed against a dentist or physician examining for a local Selective Service board, a communication from the Selective Service System states:

The National Selective Service System will act as follows:

1. Request the Attorney General to instruct the United States District Attorney to appear on behalf of the United States government or to assign a special representative of the Attorney General's office to the case.

2. Supply expert medical testimony from our own staff.

3. Request outstanding experts to testify without expense to the individual being sued.

4. Cooperate in a reexamination of the registrant if such is deemed desirable.

5. Do anything else which is within our power to assist in a thorough and complete presentation in the case in order to make certain that no unjustified claim shall succeed.

6. If a judgment is secured, present a bill to Congress and recommend its adoption, looking toward the paying of

the judgment by the United States government.



Candy to Soldiers: Type C. field rations have recently been changed by the Army—the ounce of chocolate having been replaced by five pieces of hard candy, in assorted flavors, individually wrapped. This change has been made on the basis of results of fatigue tests conducted at the University of Minnesota, showing that a soldier has more energy output if sugar is consumed periodically, rather than at mealtime in large quantities. The candies issued are not to be eaten except during long marches.

¹Judge Advocate General's Office, The Dental Bulletin 12:229-232 (July) 1941.

TO DENTISTS IN MILITARY SERVICE

IF YOU ARE NOW serving with our defense forces or expect to be inducted into service, remember that we want ORAL HYGIENE to follow you wherever you go. To be sure you won't miss an issue, send us your new address (and your former one), giving specific details about the part of the service into which you have been inducted, and we'll see that you receive the magazine regularly.

STATE BOARD EXAMINATIONS

New Jersey State Board of Dental Examiners, regular meeting, December 8-12. For information write to Doctor Walter A. Wilson, 150 East State Street, Trenton.

California State Board of Dental Examiners, regular meeting, December 15, Physicians and Surgeons College of Dentistry, San Francisco. For information write to Doctor K. I. Nesbitt, 515 Van Ness Avenue, San Francisco.

Connecticut Dental Commission, regular meeting, November 25-29, Hartford. Applications must be in the hands of the Recorder at least ten days prior to date of meeting. For information write to Doctor Clarence G. Brooks, New London.

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DENTISTS IN THE NEWS

Rochester (New York) Democrat and Chronicle: Rochester may become the temporary home of one of Hollywood's rising stars, Ingrid Bergman, the wife of Peter Lindstrom, a dentist. Under her Hollywood contract, she does not have to return there until after Christmas. Right now she is in Maplewood, New Jersey, rehearsing for a one-week stand in "Anna Christie," but when that is over—unless the call of Broadway is too insistent—she will take her three-year old daughter, Pia, and go to Rochester to keep house for her husband at 1556 Mount Hope Avenue. Miss Bergman has been called the greatest Swedish actress to come to this country since Greta Garbo. Doctor Lindstrom, who holds a dental degree from his native Sweden, reached Rochester the latter part of July. He is experimenting in the dental laboratories of the University of Rochester and taking medical courses with a view to specializing in oral surgery. He and Miss Bergman have been married about five years. Since coming to this country she has made two pictures, "Intermezzo" with Leslie Howard and a remake of "Dr. Jekyll and Mr. Hyde" with Spencer Tracy.

Alturas (California) Record: Jack Chace, a dentist, who is also an aviator and is now a lieutenant in the United States Army stationed in Sacramento,

has just been elected to the board of governors of the officers' club at Mather Field. He is one of four members chosen from a list of 250 officers.

New York (New York) Times: The color and seasonal habits of peonies are being changed by the patient and continuous efforts of Earl B. White, a dentist of Washington. Having adopted this hobby of the hybridization of peonies about ten years ago, his work is widely known and he is the youngest man to hold the office of president of the American Peony Association. Two weeks or more before the common double-white, blue-pink and blue-red Chinese varieties bloomed in his neighbor's gardens last Spring, Doctor White was examining the first orange-red and rich coral single blossoms on the hybrid peonies, which he developed from a few seeds obtained by painstaking cross-pollination. These additions to the peony family represent more than six years of work. Using sturdy plants, natives of all parts of the world, Doctor White protected the stamens and pistils of the potential parent plants from accidental cross-pollination by tying small cloth tobacco bags, carefully cleaned, over each flower-head from which he had removed the petals. When the pistils of the mother flower developed to a receptive stage, previously

collected pollen was applied with a red sable-hair brush and the floral head again enclosed in the tobacco bag to prevent any stray pollen from attaching itself



also. Following out the complete procedure required approximately six years, before the seedlings matured to the blooming period. It will be some years before Doctor White's orange-toned or yellow peonies will be placed on the market. They must yet be tested for constancy, and the stock must be considerably increased before it is offered for sale. Doctor White is one of the five Americans especially interested in the evolution and improvement of this species of flower.

Indianapolis (Indiana) News: Doctor Thomas D. Speidel, member of the dental school faculty of the University of Iowa, has been appointed professor of orthodontia at the Indiana University school of dentistry, it was announced by Dean William H. Crawford. He will become the school's first full-time instructor in orthodontia, and will direct an expanded program of both undergraduate and post-graduate instruction, giving much greater emphasis to the teaching of orthodontia than heretofore.

Appleton (Wisconsin) Post-Crescent: C. L. Kolb, Appleton dentist, has recently been named chairman of the voluntary state executive committee of the Republican party. Doctor Kolb takes command of the Wisconsin party at what seems to be its most successful period in forty

years, as there are now active and permanent county organizations in every corner of the state.

Doctor Kolb's interest in politics dates back to the time when he was a student of Marquette university. Soon after his graduation he started at the bottom of the political ladder, becoming a precinct committeeman. He is conscious of the fact that many people are scornful of politics, politicians, and political activity. He is also realistic enough to concede that perhaps there is a reason for that kind of impression.

Doctor Kolb believes that the best way to change this impression is for the Republican party to have more and better campaign workers, more and better candidates for office, and to reach this end, to destroy the idea that politics isn't the most respectable occupation.

Birmingham (Alabama) News: W. A. Richardson, Fort Payne dentist, died a few moments after suffering a heart attack while performing dental services for Colleen Price. Doctor Richardson's first patient, twenty-nine years ago, was Harvey Price, father of Colleen.

Nashville (Tennessee) Tennessean: Recently returned from Labrador where he performed extractions for twenty-five cents or a few codfish, Doctor James Richard Fenn, visiting his uncle, Doctor Joe W. Fenn, said that Labrador is a "good place to get away from it all." Doctor Fenn spent a year and a half in Labrador working for the International Grenfell Association.

Labrador is a country lacking railroads, streetcars, telephones or motion pictures. As its only dentist, Doctor Fenn traveled by boat in summer and by dog-team in winter. He remarked that today Labrador is an excellent field for den-

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tists as the natives have adopted the white man's diet. The older inhabitants, who were brought up largely on a meat diet, have much better teeth than their

children who consume large quantities of white bread.

Doctor Fenn returned to the United States to enlist in the Navy.

Awards for this month's DENTISTS IN THE NEWS go to:

MISS BERTHA KENTNER, 363 Alexander Street, Rochester, New York

G. A. BUEHNER, D.D.S., Post Office Building, Hortonville, Wisconsin.

MISS ELIZABETH WALKER, Route No. 6, Nashville, Tennessee.

GEORGE W. MATTHEWS, D.D.S., 905 Protective Life Building, Birmingham, Alabama.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



Newton G. Thomas, D.D.S., formerly dental professor at Northwestern University, the University of Illinois, and the University of Pittsburgh is shown here autographing his best seller, "The Long Winter Ends." Although this is Doctor Thomas' first novel, it is receiving wide acclaim. The picture was made in Marshall Field and Company's book section, Chicago, by ORAL HYGIENE staff photographer John Young.

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties," John Milton

IT'S YOUR STATE THAT LIMITS YOU

THROUGHOUT THE years ORAL HYGIENE has published articles on reciprocity. No one has advanced any good arguments against the principle by which dentists qualified to practice in one state cannot be accepted without further examinations for licensure in other states upon the payment of a fair registration fee. A few states that have geographic and climatic advantages have feared that licensure by reciprocity might open the gates to hordes of outlanders whose coming might upset the balance and ratio between the number of dentists and the number of patients in the population. That is a danger, but one that might be controlled by regulations governing the age of the reciprocal licensee and the number of dentists in relation to the population. For example, a dentist past 65 might be denied a license on the theory that his major productive years were over and that migration to another state to practice on a part-time or semi-retirement, keeping-the-mind-and-hand-occupied basis, might be a form of competition not altogether fair to full-time practitioners. A sentiment frequently expressed by California and Florida dentists suggests that they fear the "walnut or citrus fruit-growing dentist" with a neighborly living room dental office. This type of practitioner has made his living and retirement funds elsewhere and his competition at low, avocational fees might be disastrous.

States should, by all means, exercise some control, *which they do not now attempt*, over the number of dentists in proportion to the population. Under reciprocity without practical dental examinations the *decennial* state census might form the control for the number of dentists in relation to the population. One dentist for every one thousand persons is the suggested ratio. Each year dentists might be licensed in sufficient number to fill the ranks depleted by death, retirements, and expanding population. Such a system would provide a better form of control to meet the dental needs of the population and, for that matter, this kind of system might work to the advantage of practicing dentists.

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Rapid transportation and communication have been at work for the past twenty years breaking down state sovereignty. The federal government has expanded in the past twenty years and has taken over more and more functions, often at the behest of state governments that have neither the time nor the money to do the job. The county poor farm and asylum have given way to the WPA and Social Security; the constable has been overshadowed by the federal agent; the township tax collector is dimly in the background behind the federal income tax collector.

The federal government has an expanding health force in the Army, Navy, and Public Health Service. Dentists in these services are required to have a license to practice. Success before one state board makes these men eligible to practice in any state. The government without respect to state laws or boundaries shuffles these dentists back and forth as need requires. A Wisconsin licensee in the Army Dental Corps needs no California license to practice at the Presidio in San Francisco. The Texas licensee may be serving in the Navy at Annapolis today, Pensacola tomorrow, and on the high seas the day after. One license is all that he requires.

When these dentists who have known the fluidity of moving from one state to another in government service are returned to civilian life they may resent restrictions of state boundaries to limit their practice. Two states by the insistence of some of these men may by mutual consent have complete reciprocity; other states would probably promptly follow suit. Or, more likely, real reciprocity will come by the action of the federal government. As Social Security and the Public Health Service expand, when the inevitable Secretary of Health appears in the President's cabinet, we may expect the federal government in the interest of all the people to take action against states that appear to be erecting artificial, monopolistic licensure barriers. The government will likewise be interested in seeing that the spread of dentists and physicians will be more equable among cities and rural districts and among the several states. We can expect the federal government to regulate the interstate movement of dentists and physicians in the important interest of public health. We may have reciprocity sooner than we think. This is not a prediction that springs from wishful thinking, but one that comes from the everyday observance, in little things and big, of the movement toward complete federalization in our affairs.

Edward J. Ryan

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Cementoma

Q.—Will you kindly give me your opinion of this roentgenogram of the



lower left side of the jaw?—L. S., Pennsylvania.

A.—The roentgenogram shows what I believe to be cementoma. It is a benign growth of slow development and may never do any harm. If there should be an enlargement of the mandible, or pressure symptoms, it would be wise to remove it.—GEORGE R. WARNER.

Allergy

Q.—I made upper and lower dentures for a patient about a year ago.

She is a woman, about 55, and has canker sores frequently. I thought at first that trimming the denture would give relief, but I have finally decided it will not. A few days ago she told me she has had those sores appear in her mouth all her life.

I'm wondering if other than a vulcanite

denture could be worn satisfactorily.—D. R. M., Oklahoma.

A.—Canker sores or acute aphthous stomatitis must be, according to Prinz and Greenbaum,¹ differentiated from recurrent canker sores or chronic intermittent recurrent aphthae.

If your patient has the common canker sores I believe you may assume that they are an allergic manifestation. The correctness of this assumption can be proved or disproved by food tests, or by the patient knowing that the canker sores come after eating certain foods. I have one patient who will have canker sores if she eats English walnuts. I have another who found by food tests that wheat caused her canker sores.

Some people have canker sores if they overeat or have what they call an "upset stomach." In these latter cases sauerkraut will often clear up the canker sores.

Touching a canker sore with a strong solution of trichloroacetic acid will usually clear up any given spot promptly.—GEORGE R. WARNER.

¹Prinz, Hermann and Greenbaum, S. S.: *Diseases of the Mouth and Their Treatment*, Philadelphia, Lea & Febiger, 1935.

November,

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After Cyst Heals

Q.—I should appreciate your opinion on the following case.

A patient, 32, has had all his teeth extracted for about a year. Subsequent to the time of extraction he had a swelling in the upper cuspid region, which roentgenograms showed to be a cyst. He was bothered with the swelling and pain for about 6 months, and now it has subsided. The area is firm and not painful to pressure.

Could dentures be made for him now without causing any ill effects?—R. R. B., Missouri.

A.—It is probable that dentures could safely be made for your patient inasmuch as the conditions now seem to be normal. It would be our procedure, however, to make roentgenograms of all of the areas to be covered by dentures to be sure that the bone condition is normal and that there are no retained roots.—GEORGE R. WARNER.

Diet

Q.—Am I alone in my belief that modern dietetics and vitamin therapy may be responsible for the delayed and often difficult eruption of teeth and may not this eventually bring about a backward revision of the average age of eruption? Does not a more thorough calcification of the bone through which the teeth must erupt take place at an early age?

I have observed numerous cases, which seem to indicate this trend and have discussed this with a pediatrician. We should appreciate your opinion.—W. E. N., Pennsylvania.

A.—In looking through the literature I find nothing that bears directly on your question.

I haven't noticed a more general trend toward a later eruption of teeth in the last ten or fifteen years than in the same period following my graduation in 1898.

Modern feeding of infants and children is in the direction of furnishing food elements that are found in food that hasn't been devitaminized and demineralized by

manufacturing processes. Such feeding ought to induce a more normal eruption of teeth and the teeth ought to be of better structure.

This very thing has been noticed in children in our practice, who are in their early and late teens, who have been fed according to the conception of proper feeding of the last fifteen or twenty years.

There may be and probably are individual instances of carrying the use of drug-store vitamins too far, with unfortunate results. But, generally speaking, it is probable that present day practice of diet management of infants and children is better than that of thirty or forty years ago.—GEORGE R. WARNER.

Cause of Infection

Q.—About a month ago a patient presented for an extraction of the upper right first bicuspid. Roentgenograms showed apical infection, but there was no swelling of the soft tissue. The patient complained of severe pain on the right side of her face. Extraction was routine. The abscess came out attached to the tooth, the area was curetted, and patient presented no postoperative complications the next day. Three days following, the patient consulted the family physician complaining of ear ache. The family physician removed some wax, noticed slight infection, and examined the area of extraction. No infection appeared to be present in the area of extraction.

Shortly after this, the patient consulted another physician, some fifty miles from here. She now claims he told her the infection was driven into the ear through the procaine injection. Since no swelling was present at the time, neither the local physician nor myself can understand how this was possible. She also says the physician told her never to let any dentist use procaine on her.

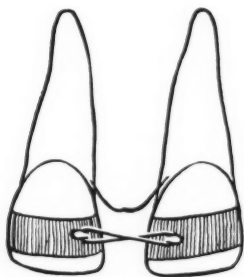
From these facts do you believe that the infection could have been driven from the upper bicuspid area into the ear? Any information you may send me will be appreciated.—R. E. R., New Jersey.

A.—It is possible, of course, if procaine is injected into an infected area, to drive some of the infection into deeper tissue, but in this case you did not inject into the abscess area at the apex of this tooth, and I agree with you and your local physician that this other physician does not know what he is talking about. His advice to this patient never to let any dentist use procaine on her proves conclusively that he knows little or nothing about modern dentistry.—V. C. SMEDLEY.

Extended Frenum

Q.—Would you kindly advise if cutting the labial superior frenum, which is attached low and where the centrals are about three millimeters apart, would aid in bringing the upper two centrals closer together. The age of the child is 10 years.—S. W., New York.

A.—I have consulted an orthodontist, Doctor William R. Humphrey, as to his experience with these cases of centrals separated by abnormal frena, and he tells me



that whereas they used to operate on these cords with an electrocautery before pulling the teeth together, they now are convinced that it is better to bring the teeth together first by banding both centrals with a hook or tube at the mesial angle of each central ex-

actly opposite each other. The teeth are then gradually drawn together with a fine stainless steel wire twisted in the form of a figure eight and passed through the hooks or tubes. These wires are changed at convenient intervals until the centrals are in contact. Usually the abnormally large frenum will atrophy under this pinching pressure, but if it should require surgery later it will heal with less scar tissue than if it was operated on before the teeth were brought together.—V. C. SMEDLEY.

Imbedded Needle

Q.—A month ago, while I was giving an injection for a porcelain jacket preparation, the needle broke. It is the rustless type, not platinum. Would it be wise to attempt removal?—E. M. M., Pennsylvania.

A.—Locating and removing an imbedded hypodermic needle is not so simple a matter as it might seem, even when the needle was broken during an infiltration in the anterior part of the mouth.

It is to be presumed that your needle was introduced from the labial aspect, but even so it will be necessary to lay back a rather generous flap and be prepared to keep the field dry in order to see the needle when you have its site exposed. But with care and delicate instruments to lift it, when you can see it, you should be able to remove it without undue damage to the engorging tissues.

All this is said with the idea that it would be best to remove it. I am sure that the patient would feel better about it if it were out even if you feel that it might do no harm in situ. And your mind will be easier with it out than in.—GEORGE R. WARNER.

November, 1940
Extractions

Q.—Will you explain how to treat between the a. My problem patients can't as well as adults for a lower size. Furthermore, susceptible to would you do Virginia.

A.—One age group w general or l patient isn't needle for well, a general preferable. excellent su ride. Others ether.

Roughly tolerate as as someone one day. Tw one time. F cobefrin or content sh children an faint. If the aromatic sp recumbent straighten GEORGE R.

Hardened
Q.—What in cellulitis fo third molar the point of Louisiana.

A.—The follows: T muscles; ex fluids; toxio sion; infil V. C. SMED

Gingival
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Extractions for Children

Q.—Will you please give me an outline on how to treat extractions for patients between the ages of six to sixteen?

My problem is whether these young patients can tolerate "blocking nerves" as well as adults. What would be the dose for a lower six-year molar?

Furthermore, are these patients more susceptible to fainting and if so, what would you do in such a case?—D. B., Virginia.

A.—One has the choice, in the age group which you mention, of a general or local anesthetic. If the patient isn't likely to stand the needle for conduction anesthesia well, a general anesthetic would be preferable. Some men are having excellent success with ethyl chloride. Others prefer nitrous oxide or ether.

Roughly speaking, a child will tolerate as many cc's of procaine as someone twice his age, in any one day. Two cc's can be given at one time. For a child under ten, ephedrin or a reduced epinephrin content should be used. These children are not more likely to faint. If they do, an inhalation of aromatic spirits of ammonia and a recumbent position will usually straighten them out shortly.—GEORGE R. WARNER.

Hardened Tissues

Q.—What causes the tissues involved in cellulitis following removal of a lower third molar to become hard—almost to the point of petrification?—A. E. E., Louisiana.

A.—The causative factors are as follows: Trismus; tightening of muscles; edema; concentration of fluids; toxins from bacteria invasion; infiltration of leukocytes.—V. C. SMEDLEY.

Gingival Recession

Q.—I should greatly appreciate any information you can give me, which might

help in solving a problem. I have recently constructed a vulcanite partial denture for a woman, 30, supplying four lower incisors and two six-year molars. There is slight gingival recession on the two bicusps and the cuspid on both right and left sides.

Since the denture has been placed, all lingual-exposed dentine has become sensitive. One application of Formalin followed by three applications of silver nitrate (Howe) have given virtually no relief, although the silver nitrate has stained all sensitive areas heavily.

I have considered the possibility of traumatic occlusion, but as there is no occlusion on one of the teeth involved, I am afraid this is not the answer. This patient is financially unable to have cast partial denture.—C. S. W., Jr., Virginia.

A.—Every tissue-bearing partial denture that I have ever seen supplying small areas of missing teeth, such as the case you describe, is terribly destructive to the remaining natural teeth and their supporting tissue. No doubt your partial denture in this case is driving the gums down and exposing and chafing against exposed hypersensitive cementum. I should think you could certainly, if you would, provide this woman with a denture with a lingual bar standing well away from gingival tissue by efficient occlusal stops at a fee that she could much better afford to pay than to suffer the discomfort that she is suffering and have her teeth destroyed by a tooth- and - tissue - borne denture without lingual bar or occlusal stops.

If this woman cannot pay the normal fee for this type of a denture, you could better afford to let her have it at its exact laboratory cost to you than to be annoyed by her suffering and her justified complaint.—V. C. SMEDLEY.

Senile Decay

Q.—A male patient, about 60, in the last two years has developed a condition

that has caused a complete deterioration of his dentition.

The fluids of the mouth seem to permeate the tooth structure, restorations will not hold up, decay is occurring continuously.

The patient frequently each day during this period has sprayed his mouth copiously with an adrenalin or epinephrin solution for an "asthmatic" condition.

Would you blame this in any degree for the condition described?—J. R. F., Michigan.

A.—It is likely that your patient is suffering from senile decay. The senility could have been hastened by the asthmatic condition.

The adrenalin should not, as far as I can see, have anything to do with the dental caries.

Of course, there may be some health condition of which you may not know, which is in causal relation to the decay, and it may not be related directly to senility.—**GEORGE R. WARNER.**

Deafness

Q.—A woman, about 50, has been wearing full upper and lower dentures about 10 years. During the last three or four years she has been gradually losing her hearing. I feel that the cause of this is a closed bite. Do you think that opening the bite would remedy the condition or at least keep her from becoming entirely deaf? Medical men have examined her ears and could find nothing wrong.—**E. C. D., Wisconsin.**

A.—We have had a number of deaf patients who think that their hearing has been benefited by the placing of new dentures, which restore the normal jaw relation. With such patients I frequently build up the old dentures with modeling compound for a week or so to determine how much opening they can stand, and whether any benefit seems likely.

Usually such a patient needs new dentures anyway, so we are justified in recommending that he have

them with only the hope that they may help the hearing.—**V. C. SMEDLEY.**

Postextraction Pain

Q.—A woman, 34, presented with lower left first molar in pyorrheal condition. The tooth was extracted. A week later she presented with a needle-like pain in her second bicuspid. Upon roentgenographic examination, I could find nothing wrong with that tooth. However, between the second and third molars there seemed to be some tartar, which I was able to dislodge. I dismissed the patient hoping everything would be fine. Two weeks later she presented with similar pain. I still could not discover the cause.

Could it be from the area where the tooth was extracted? The healing is slow. Up to date it is five weeks since the tooth was extracted.

Please advise what you think might be the cause. I will welcome any suggestions.—**E. S. B., New York.**

A.—The pain of which your patient complains is probably an unusually prolonged postextraction pain. I have known such pains to persist several months.

Vitamin B complex would probably be beneficial.—**GEORGE R. WARNER.**

Unstable Dentures

Q.—On several occasions I have had patients complain that when making certain sounds when speaking or making certain facial movements, their upper denture drops. In all these cases, I was careful to muscle trim and to post-dam. I made sure the denture did not extend beyond the end of the hard palate. In every case there was good suction and good stability.

My impressions are taken by the compound-plaster open-bite method. I have had good results with the majority of cases, but in perhaps a half dozen cases I was at a loss to know what to do. I have rebased and remade some, but always have the same result.

Can you enlighten me as to what is wrong?—**M. M. F., New York.**

A.—I think it is likely your mistake in these particular cases has been that you have made too sure

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November, 1941

not to extend the denture beyond the hard palate. Try extending these dentures from $\frac{1}{4}$ to $\frac{1}{2}$ inch back onto the soft palate. To do this successfully it is advisable to secure the proper adaptation to the soft palate area by having the patient suck and swallow repeatedly with either impression wax or modeling compound softened to just the right consistency to be molded by the tongue and palate, while swallowing, and to hold its shape afterward until it is chilled, removed, and poured.—V. C. SMEDLEY.

Torus Palatinus

Q.—Can you suggest a way to overcome a difficult foundation for a full upper denture. There is only a fair ridge and a hard torus palatinus extending back to a sensitive soft palatal area. I had a patient only a few months ago presenting a much longer torus but well suited as to formation for the construction of a modified roofless denture, which has proved satisfactory.

The one in question is not favorable, as few are, for a roofless denture.—T. C. M., Illinois.

A.—A torus palatinus can always be removed by surgical means, but it has been my experience that it is seldom necessary to resort to surgery.

I would suggest that you tell this patient that this bony prominence can always be removed by surgery but that you are willing to try to fit a denture over it. Try to get as accurate an impression as possible; scrape impression for relief directly over torus; post-dam by grinding a depression on the cast with a No. 10 round bur at the junction of the hard and soft palate and running across the compressible tissue over the sphenomaxillary notch. You can determine the depth to prepare the post-dam line by testing the

depth of compressible tissue with a small mouth mirror.—V. C. SMEDLEY.

Glossodynia

Q.—My patient is a woman, 43. In May, 1940, she was troubled with a "sore raw feeling" in the center of the tongue, $\frac{1}{2}$ to 1 inch back from the tip. She said it felt like a stinging sensation after a burn by hot coffee. Cold seemed to relieve the feeling. All ordinary tests were negative at that time. She had taken potassium acetate and potassium citrate three times a day for several years. The feeling has been constant up to present date. No ulceration was visible. Recently a mild Vincent's infection showed up in a laboratory examination.

This patient has consulted many good specialists. One man suggested the possibility of electric and metallic irritation from numerous amalgam restorations which are present. The restorations are in average condition.—C. C. K., Indiana.

A.—Among possible or contributing factors of glossodynia are: rough or unclean tooth or denture edges or surfaces, nerve pressure by a denture or other mechanical appliance or pressure by the head of the condyle upon the chorda tympani or auriculotemporal nerve or both because of an abnormal or closed bite², nerve irritation resulting from the habitual use of some drug or drugs, allergy or protein susceptibility, the use of too-strong mouth washes or dentifrices, anemia, or galvanic action between two or more different metals in the mouth.

While galvanic action is given as one of the causes of burning tongue I have never seen such a case, so I don't take such a cause too seriously. The Costen syndrome seems more reasonable as a cause.—GEORGE R. WARNER.

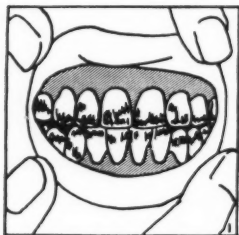
²Costen, J. B.: Glossodynia: Reflex Irritation from the Mandibular Joint as the Principal Etiologic Factor. Archives of Otolaryngology, pages 554-564 (November) 1935. Reprinted by the A. M. A.

TECHNIQUE OF THE MONTH

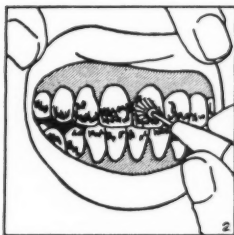
Conducted by W. EARLE CRAIG, D.D.S.

Removal of Brown Stains from Fluorine Mottled Teeth by Howard R. Raper, D.D.S. and J. G. Manser, D.D.S.

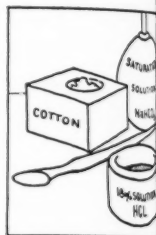
Drawings by Dorothy Sterling



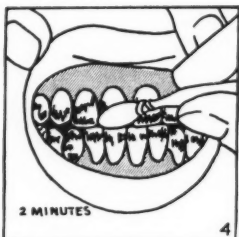
Typical fluorine stains — usually not deep.



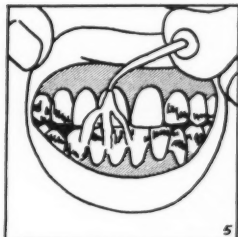
Give thorough prophylaxis; put mouth in healthy, clean condition.



Armamentarium: (1) saturated hydrochloric acid, 18 per cent solution; (2) saturated aqueous solution of sodium bicarbonate; (3) a small medicine dish; (4) orangewood sticks; (5) cotton; (6) water syringe.



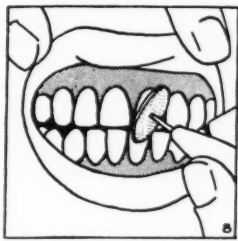
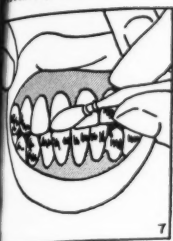
Wrap cotton on orangewood stick, previously shaped as preferred. Dip in hydrochloric acid, and rub over the stains on one tooth at a time, from 1 to 2 minutes.



With syringe, immediately spray tooth and mouth with sodium bicarbonate solution.



Allow patient to rinse mouth with sodium bicarbonate solution.



If you are interested in a particular technique and would like to have it included in this series, please write to W. Earle Craig, D.D.S., 1005 Liberty Avenue, Pittsburgh, Pennsylvania.

repeat if necessary. Do not continue treatment on any one tooth more than 10 minutes at any one sitting. This process removes enamel; exercise extreme caution must be exercised lest too much enamel be removed.

Treat other teeth in the same manner. Polish the treated enamel with polishing discs, strips, and fine pastes.

¹Raper, H. R. and Manser, J. G.: Removal of Brown Stain from Fluorine Mottled Teeth, Dental Digest 47:390 (September) 1941.

SUPPLY AND DEMAND FOR DENTISTS*

THERE HAS BEEN an average annual loss of seventeen dentists per thousand for the decade 1921-30, on the basis of the number of dentists shown in the United States Census of 1920, and of the total number of graduates for the ten years in question. In the early half of the decade this loss was probably smaller and greater in the last half; the difference reflecting changes in the length of training.

The average age of dentists had increased by three years from 1921 to 1930, according to the age-group distribution recorded in 1930. Twenty-two and eight-tenths per cent of the dentists were over forty-five years of age in 1910, and owing to advances in dental education, this percentage increased to 28.7 per cent in 1920, and 36.4 per cent in 1930.

Owing to further advances in the length of training, both general and professional, and also to the increase in the number of students with three or more years of college training, it seems fair to assume that the average age continued to increase in the decade 1931-40; the most marked advance occurring during the last five years.

This gradual advance in the average age of dentists obviously has increased both the mortality- and retirement-rate in the dental profession and has doubtless brought the annual loss considerably beyond that of the decade 1920-30.

*O'Rourke, J. T. and Miner, L. M. S.: Dental Education in the United States, Page 314, Philadelphia, W. B. Saunders Company, 1941.

Laffodontia

A farmer was losing his temper trying to drive two mules into a field when the minister came by.

Farmer: You are just the man I want to see. Tell me, how did Noah get these into the ark?

★

Friend: How long did you know your wife before you married her?

Man: Not a minute. Don't know her yet. Never will know her!

★

Father: I'm surprised that you should become infatuated with that girl. Why, you should have been able to read her like a book.

Son: Well, you see, Dad, the light was rather low.

★

A missionary society member approached Henry. "We are having a raffle for a poor widow," she said. "Will you buy a ticket?"

"Nope," said Henry. "My wife wouldn't let me keep her if I won."

★

So you're setting your boy up in the bakery business?

Yes, he's so keen for dough and such a swell loafer that I'm sure he'll rise in the business.

★

Helen: Did the course in English help your boy friend any?

Edith: No, he still ends every sentence with a proposition.

Navy Bill had broken with his girl. After ignoring several of her letters requesting the return of her photograph, one came threatening to complain to the captain. Deciding to squelch her for all time, he borrowed all the pictures of girls available on the ship, sending them to her in a large bundle with the following note: "Pick yours out. I've forgotten what you look like."

★

Inconsistent woman! She wants us to remember her birthday, but would have us forget her age!

★

Drinker: Waiter, I've been sitting here drinking cocktails for three hours. Bring me something to sober me up.

Waiter: Yes, sir, I have your bill right here, sir.

★

Fond Mother (writing to her soldier son): Well, son, I hope you have been punctual in rising every morning so that you haven't kept the regiment waiting breakfast for you.

★

She: I'm entered in two contests, one for the most beautiful back, and the other for the most beautiful bust.

He: My, aren't you excited?

She: I hardly know which way to turn.

THE J. M. NEY COMPANY

MANUFACTURERS OF

NEY'S GOLD

SINCE 1812

71 ELM STREET, HARTFORD, CONNECTICUT

Inter-office Memo:

September 15, 1941

To: Advertising Department

Re: PALINEY #4 advertisement

I wish to high heavens that I were an artist — it would have many advantages in trying to convey a thought on this advertising to you. Basically, we covered the disadvantages of the other layout suggestion, but I neglected to mention the most important one of all. The layout, while effective, gives a feeling of being old-fashioned and PALINEY #4 is definitely a true product of modern dental research.

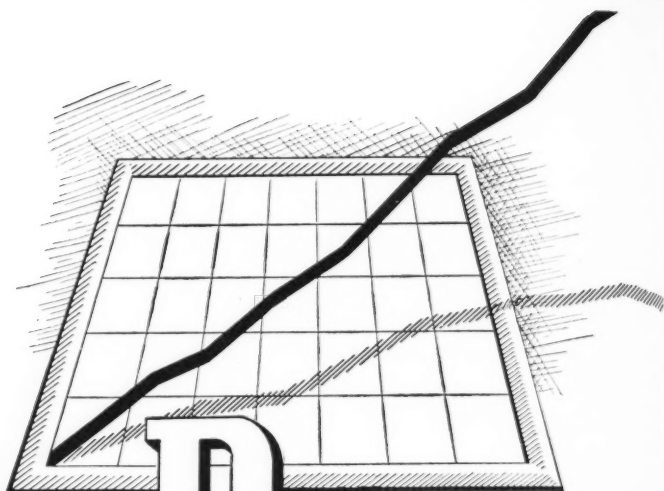
Here are a few facts to work on — PALINEY #4 is a MODERN partial denture gold, it is SAFE, it is ECONOMICAL, it is EASY to use. It's as new as the alloys which make today's dive bombers possible and as safe as our reputation — based on 130 years of conscientious service to the dental profession.

A modern alloy for modern technic.

Perhaps you can work out an advertisement using the new army dive bomber — tying it in with PALINEY #4, the newest platinum colored partial denture gold. Just as the dive bomber shows the advancement of aviation, PALINEY #4 shows the progress of dental metallurgy. H.H.S.

*This tells the story
in a nutshell.*

Print it!



Dentures that are

A RECENT independent survey indicated that approximately 98% of the dental profession now uses or specifies acrylic materials usually or occasionally for dentures. This same survey—made in a cross-section of the profession throughout the country—showed that among the brands in use, Du Pont “Lucitone” was first in preference by a wide margin. There are many reasons why “Lucitone” methyl methacrylate resin denture material, within two-and-a-half years of its introduction, has achieved such noteworthy success.

“Lucitone” is a superior plastic conceived, synthesized and made exclusively for dentistry. Its formula was developed by Du Pont plastics research chemists following

seven years of perfect form

Only this is permitting guesswork to conform to the dental business, national to oral flu you can E. I. du ment, Ar



are "on the up and up"

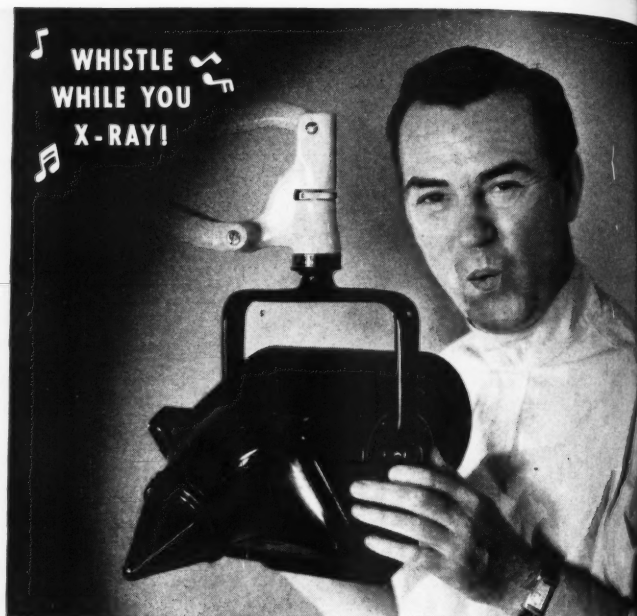
seven years of intensive study, after hundreds of near-perfect formulas and more than 2000 dentures were tested.

Only the highest quality of pure monomer and polymer is permitted to enter into its manufacture. There is no guesswork in its production. Proportions are checked to conform exactly to the standard formula. Scores of tests assure that each batch will measure up to the demands of the dental profession for purity, stability, strength, hardness, naturalness of color, tissue tolerance, and resistance to oral fluids. By specifying and using Du Pont "Lucitone," you can avoid uncertainty for your patients and yourself. E. I. du Pont de Nemours & Co. (Inc.), Plastics Department, Arlington, N. J.

"Lucitone" denture material is the only methyl methacrylate resin denture material made by Du Pont. "Lucitone" is distributed solely by The L. D. Caulk Company, Milford, Delaware.



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These days, with practices of the dentists growing rapidly, are good to modernize your office. So, why investigate the CDX today?

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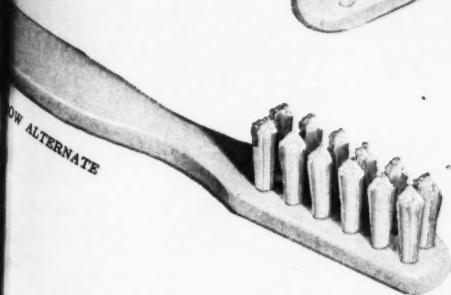
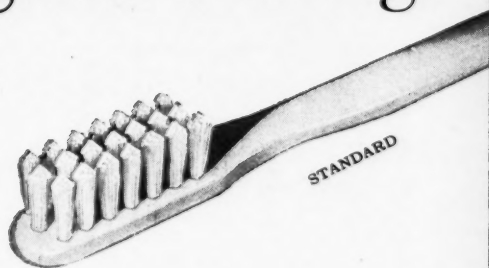
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Name.....

... for scientific massage-brushing!



Takamine toothbrushes are properly designed to facilitate the most modern massage brushing techniques.

The 2-Row Alternate type is used for the technique favored by Drs. Charters, Stillman-McCall. The popular Takamine standard model is designed to the exact specifications of Dr. Joseph Head.

In either case, the trimmed tufts of resilient bristles, carefully spaced in the small head, can easily and efficiently cleanse innermost tooth surfaces.

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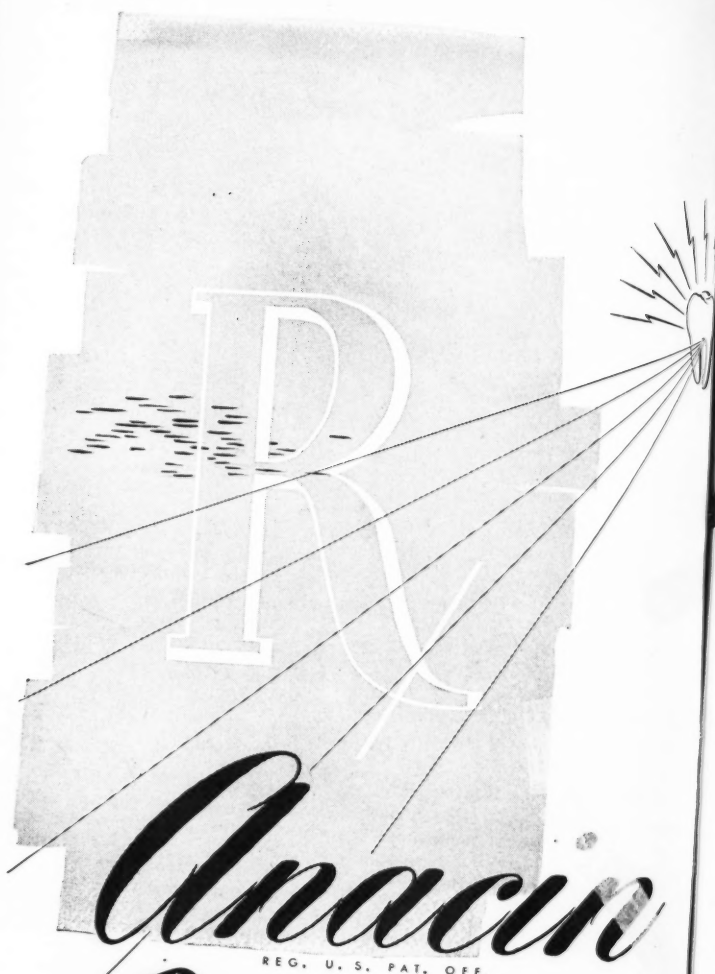
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OF DENTAL PAIN**

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GOLD FO
lasts longer
because it s
the cavity t



Because here's where decay recurs...

GOLD FOIL

is the Best Choice!

SUMMARIZING these discussions to date, it is clear that a restoration must do more than merely fill a cavity. It must hermetically seal the cavity — forming, *mechanically*, a perfect, leakproof union with its walls and margins. And it must maintain that seal *unimpaired*!

► It is equally clear that both a Silicate and an Amalgam are *too soft* and *yielding* at the time of insertion to be capable of such perfect adaptation. Furthermore, in the case of an Amalgam, because of the *wide disparity* between its coefficient of expansion and that of the crown of a tooth, even that imperfect adaptation prematurely gives way, inviting recurrence of decay.

An Inlay, on the other hand, isn't capable of direct adaptation. It must depend on a *chemical intermediary* — cement. And the adverse effect of the *double* disparity in the coefficients of expansion of the gold, the

cement, and the crown of a tooth, is thus even worse than with Amalgam.

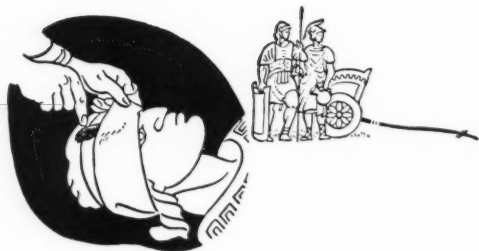
► And so we see that only Gold Foil, by virtue of its *elasticity*, can be worked against the cavity walls so as to take full advantage of the elasticity of the dentin and form with it a perfect, leakproof seal. And only Gold Foil, because of this *mutual elasticity* and of the *virtual parity* of the coefficients of expansion can maintain that seal unimpaired, saving teeth for thirty, forty, and even fifty, years! — a glowing tribute to the skill and the devotion to duty of the operator who makes it.

Have you *all* the previous discussions in this series? They are worth sending for. Simply mail your card, or letterhead, with the lower portion of this page.

MORGAN, HASTINGS & CO., 817-21 Filbert Street, Philadelphia, Pa. — World's Oldest and Largest Manufacturers of Filling Golds exclusively. Established 1820.

GOLD FOIL
lasts longest
because it seals
the cavity best!





Belief is one thing . . .

RELIEF

is another

Early Man's belief in the efficacy of a rabbit's foot and a simple incantation for controlling dental postoperative pain seems naive to the modern dentist. Unfortunately, the ancient Romans had no better method. Today, the dentist is more fortunate. He has available agents that not only effectively relieve pain resulting from dental extractions and instrumentation but allay "nervousness" as well. Nembutal and Aspirin Capsules are such an agent. Each capsule represents a combination of the well-known sedative and antispasmodic effects of Nembutal with the analgesic properties of Aspirin. Because pain and restlessness often occur together, patients will appreciate your prescribing Nembutal and Aspirin Capsules. Supplied in bottles of 100 and 500 capsules, they are available through prescription pharmacies everywhere. Abbott Laboratories, North Chicago, Illinois.

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Patients will talk! What they say depends upon how they feel when they leave your office—whether they are a bundle of nerves, shaky and jittery or calm and collected. You can avoid the "grand slam" and engender much good will and approval by using the anesthetic that more and more dentists are using with better results than they've ever experienced—Minimax Procaine Solutions. Known for their dependability, uniformity and proven efficacy Minimax solutions come to you full of "vim, vigor and vitality." They are safeguarded with the scientific, patented Hy-Vac package that's dust proof, damp proof, wholly oxygen free. Your choice and employment of Minimax Procaine Solutions 2% with Epinephrin will contribute much to the elimination of patient apprehension and alleviation of pain—will make operations more pleasant for your patients and yourself.

Prepared in 3 strengths: Epinephrin 1:30000, 1:50000 and 1:70000. Supplied in two size cartridges: large for standard syringes, small for short syringes. 25 cts. in each Hy-Vac package.

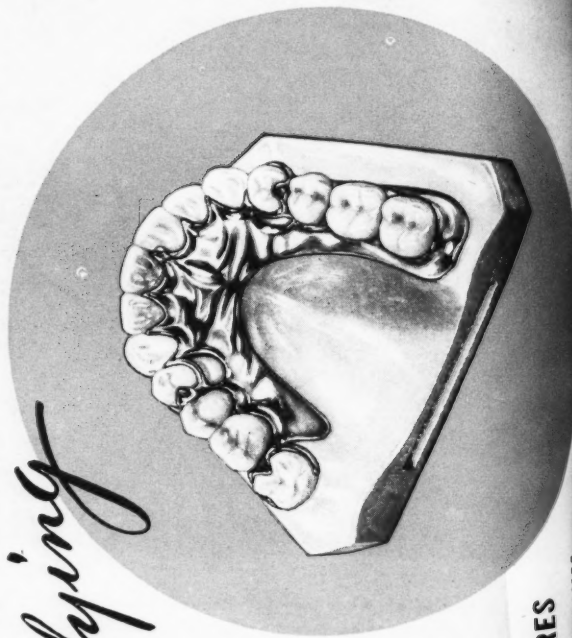
Hy-Vac package patented U. S. Patent Number 2,215,479.



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Same Dental Cups and Tips as used Professionally by thousands of Dentists for Cleansing-Medicating-Massaging. Used successfully by patients between office visits in Prevention and Treatment of stubborn cases of Gingivitis-Pyorrhea-Trench Mouth.

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January the 22nd
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"...in allaying
Erupting

Dear Sirs,-

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I can also state that Poloris has worked very well in quickly easing pain of pericementitis.

It may interest you to know that in twenty years of practice, Poloris has proved of considerable help.

Very truly yours,

Letter in
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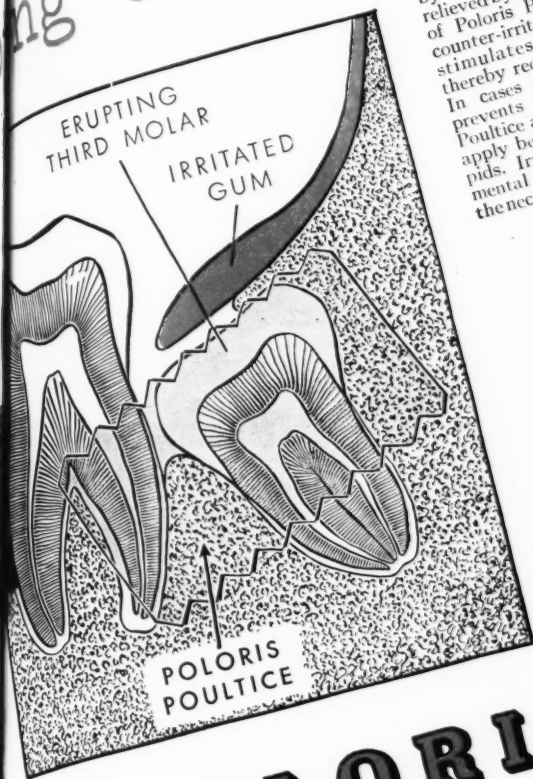


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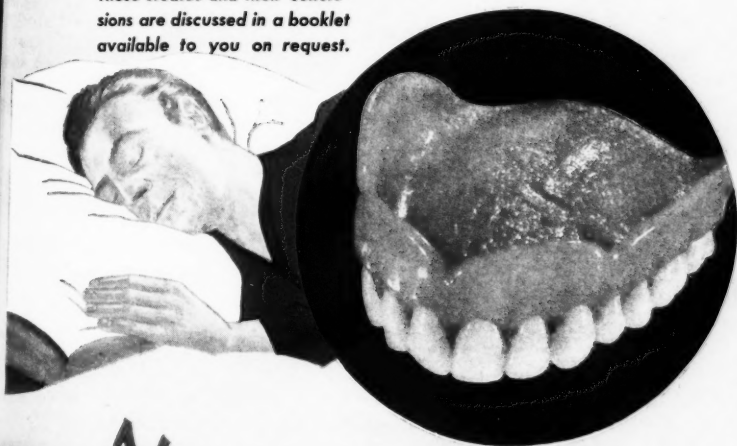
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SLEEP NIGHTS

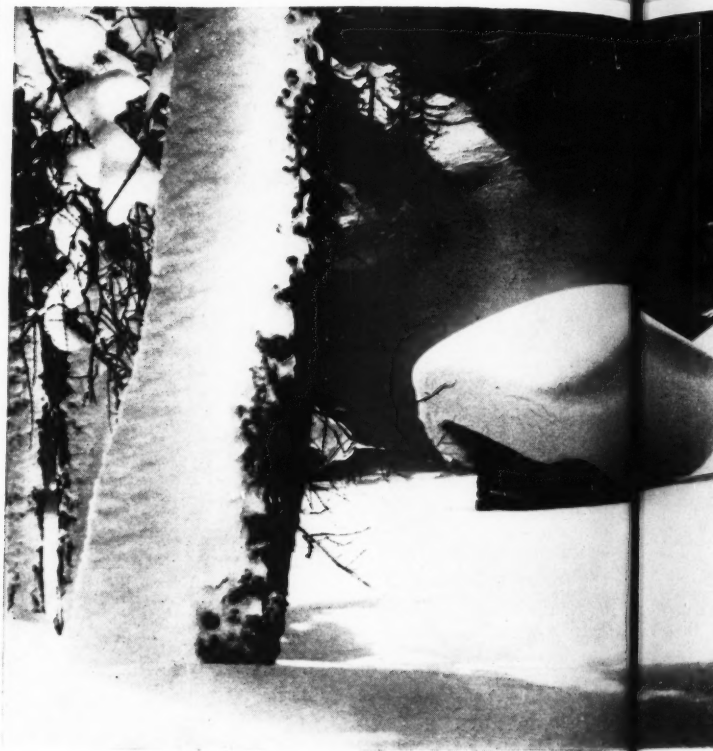
Vernonite the worry-free denture base. When you insert a Vernonite restoration and dismiss the patient you can go home, relax, sleep soundly. You won't have to lie awake worrying about experimenting unwittingly on the patient's body chemistry. You won't have to wonder about the effect of some unknown ingredient. You won't have to keep your fingers crossed hoping that some impurity, plasticizer or mold lubricant common to commercial plastics won't be absorbed into the patient's system. You won't have to concern yourself about the complete safety of this material. Vernonite's pharmacology is known. Exhaustive tests, made over a period of a year by trained toxicologists in a state university, show that Vernonite is completely safe, locally and systemically. These comprehensive tests were made so that you might **KNOW**, not merely assume, that Vernonite is thoroughly dependable. Use Vernonite and sleep at night.

Vernonite is the trade-mark, Reg. U. S. Pat. Off., for an acrylic resin denture material manufactured by the Rohm & Haas Co., Philadelphia, Penna., under U. S. Patent numbers 1,980,483 — 2,013,295 — 2,120,006, and distributed by Vernon-Benshoff Co., Pittsburgh, Penna.

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EYE STRAIN leaves when Pelton E & O Light comes in. Now you easily see every surface of every tooth — under cool, shadowless illumination that adjusts to angles other lights simply can't reach. ★ Safeguard your eyes! Work swiftly, confidently, comfortably with Pelton E & O Light! ★ *Ask your dealer or write us.*

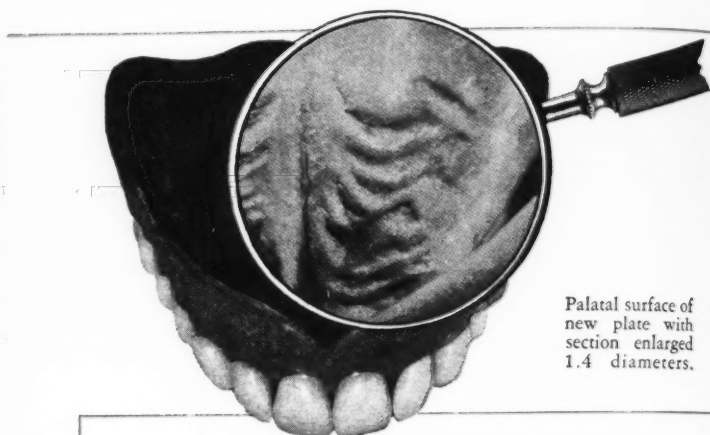
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**E & O DENTAL
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ABRASION TESTS SHOW CAN DESTROY FIT

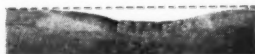


Palatal surface of new plate with section enlarged 1.4 diameters.

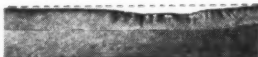
ACTUAL PHOTOGRAPHS SHOWING ABRASION OF DENTURE MATERIAL AFTER 5,000 BRUSH-STROKES . . . USING:



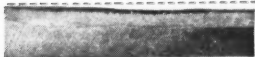
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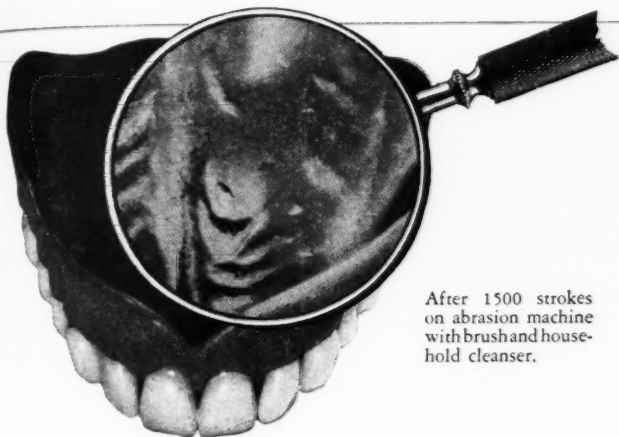
BRUSH ALONE

Ever

This series of
vulcanite
—material
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In ea
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HOW BRUSHING FIT OF DENTURES



After 1500 strokes
on abrasion machine
with brush and house-
hold cleanser.

Household Cleansers, Most Dentifrices, Even Brushing With Soap and Water Destroys Surfaces Vital to Perfect Suction

This series of abrasion tests—made on vulcanite and acrylic denture materials—materials *softer* than dentine—clearly proves the destructive effects of cleaning full dentures by brushing methods.

In each case, 1500 strokes (above) or 5000 strokes (box, left) produced the damaging results shown in these magnified photographs . . . wearing away the minute, yet vital, convolutions and surfaces that insure correct fit . . . and thus

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These tests show graphically why thousands of dentists prescribe POLIDENT for cleaning all plates and removable bridges. POLIDENT *dissolves* mucin, tarnish, food-debris . . . *soaks* dentures clean, sweet and pure without danger from harsh abrasives or acids.

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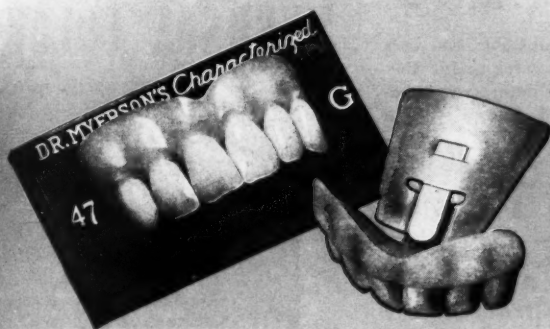


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GREATER NATURALNESS IN TEETH



AIDED BY IMMEDIATE "TRY-IN"

Because Dr. Myerson's unequalled Masterpiece, the World's most natural teeth, come to you from the factory ready to try in the mouth immediately. You are aided toward still greater naturalness... you and your patient can see how the denture will look.

The teeth are mounted in pink wax in an acrylic-like holder... Only Dr. Myerson's True-Blend and Characterized are carded in this beautiful manner.



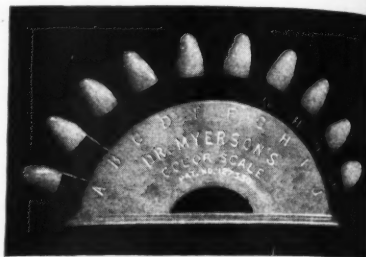
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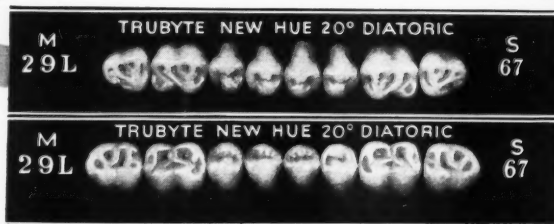
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TO GIVE DENTURE STABILITY
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IMPORTANT because the miniature fine knives carved into occlusal surfaces permit efficient mastication . . . and because the wide food table follows nature's plan for proper mastication.

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6¼ gr. in each av. ounce.

Nasal relief without
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Distinctively PROFESSIONAL

Manhattan Stylists have captured all the charm of your street attire in these professional modes.

You'll like the broad variety of 32 exclusive designs; you'll like the clever combination of style and comfort features, and you'll like the real thrift of these good looking fabrics that hold their crispness through repeated launderings. See them for yourself. Let us send you Style Guide O.N. and samples.



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4D



4E

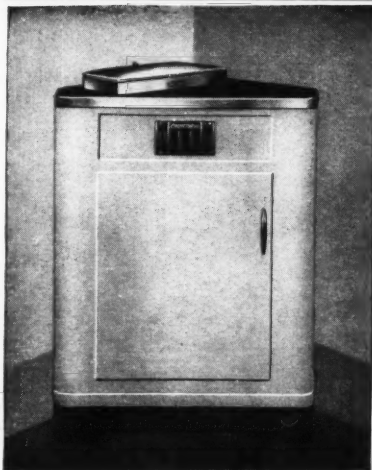


5F



6G

PROMETHEUS PRESENTS THE "SPACE SAVER"



THE STERILIZER OF TOMORROW!

Functionally designed to
fit in any corner!

Here is the most important
designing innovation in years!
A new sterilizer that fills a
long-felt need—

1. Conserves space—fits where
no other sterilizer can.
2. Modern and handsome in
appearance—gives a "lift" to
the entire office.
3. Gleaming porcelain enamel
finish.
4. Recessed base — Bakelite
top.

Write for Descriptive Literature

PROMETHEUS ELECTRIC CORP. 407 W. 13th ST., N.Y.C.



for **THIN STRONG** dentures

"HERAKLES"
DENTAL
RUBBER

FOR IMPACT RESISTANCE—

there is no rubber to compare with "HERAKLES". Impartial tests have been made in comparison with other well-known rubbers. "HERAKLES" was found to have by far the greatest strength of them all. Because of this amazing strength, dentures can be made that are very thin, contributing to the patient's comfort, yet strong enough for their purpose.

"HERAKLES" is non-toxic—it is indicated for use in patient with sensitive gums and tender mouth. It is easily manipulated and packs freely.

AND IT HOLDS TO METAL BETTER THAN OTHER DENTURE MATERIALS

Made in two shades—Regular and Light

Order from your Dealer—or send coupon with \$1.00 for sample
package. Specify shade desired.

ATLANTIC RUBBER MFG. CORP. 239 FOURTH AVE.
SUCCESSORS TO TRAUN RUBBER COMPANY **NEW YORK, N. Y.**

Enclosed \$1.00 for sample package of "HERAKLES" No. 12, regular ☐ light ☐

Dr. Address
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HERAKLES

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TERIALS

Dept. 08-40

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"Doctor's at lunch
I'm doing his castings"



With KERR Cristobalite and Phillips Control Technic, your assistant can easily and quickly handle all casting operations. A half-hour's instruction from you is all any bright girl will need.

For results of this combination are simply automatic. Castings fit every time. You can even specify loose or tight fits and be sure of getting precisely what you want.

Or you can continue to handle casting operations yourself but what a difference!

No more anxious watching—no more laborious calculations of methods to compensate for casting variables. With Kerr Cristobalite and Phillips Control Technic, those variables are all automatically taken care of.

Save time, eliminate failures and get the ultimate in results by standardizing on Kerr Cristobalite and Phillips Control Technic.

Ask for the booklet "Custom Built Inlays". It tells the whole story.

KERR DENTAL MFG. CO.
DETROIT
Established 1891

KERR

REG. U.S. PAT. OFF.

CRISTOBALITE
INVESTMENT



FIFTY YEARS

FIFTY YEARS with one enterprise may be celebrated by a surprise party from one's whole organization. Such was the recent experience of our Mr. Robert M. Kerr. It may also have far wider significance.

To Dentistry this fiftieth business anniversary must emphasize an achieved recognition by the whole Profession and a fully proved ability to serve you.

For only an enterprise which faithfully serves can long endure.

As in the fifty years just ended, a sincere, fundamental desire to serve will continue to go out from us to you in every package trademarked

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U.S. Patent
Synthetic resin
Manufactured
& Hosiery
Co., Inc., un-
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2,395 and

CRYSTOLEX

THE ACRYLIC DEVELOPED *to Serve Dentistry*

TO PROVIDE Dentistry with the denture base which would serve you best, Kerr developed Crystolex, the original Powder & Liquid acrylic.

Widely imitated, Crystolex has never yet been duplicated. Its quick setting remains proof of supreme purity. Its faithful uniformity is outstanding. Crystolex remains today the acrylic to serve you best—the crowning example of fifty years' experience in quality dental materials.

For finest dentures—partial or full—specify Crystolex. It comes from Kerr.

KERR DENTAL MANUFACTURING CO., Detroit
Established 1891





It's Easy-It's Quick

Time can often be saved by completing your final impression with Kerr Impression Paste.

Technic is simple. Setting time is short. You can check every step. Results are positive and satisfactory.

Dentures needing rebasing may be lined with Kerr Impression Paste and worn for several days.

Package includes a tube each of base material and accelerator, a highly efficient mixing pad of cellophane-surfaced sheets and detailed directions.

Get full benefit of this modern aid by the world's leading producer of prosthetic materials.

KERR DENTAL MFG. CO. • DETROIT
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KERR **IMPRESSION**
PASTE ...
REG. U.S. PAT. OFF.

*For
Christmas*



From You To Your Patients!

ONCE EACH YEAR*, at Christmas time, LACTONA brushes are available to the dental profession at special prices. They are an attractive, USEFUL Holiday remembrance. The doctor's name, and any one of a variety of greetings, will, if desired, be imprinted on the handle. The regular adult LACTONA Tooth-Tip Toothbrush, in both two-row and three-row models, the new 'Instructor' Youth size, and the regular LACTONA Junior brush are covered by the terms of this special offer.

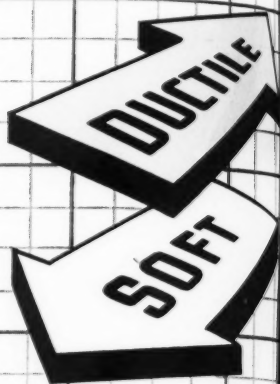
For complete information and order blank listing all bristle textures and imprint styles, please write to:

LACTONA INCORPORATED
SAINT PAUL, MINNESOTA

*This offer effective November 3, expires December 31, 1941.

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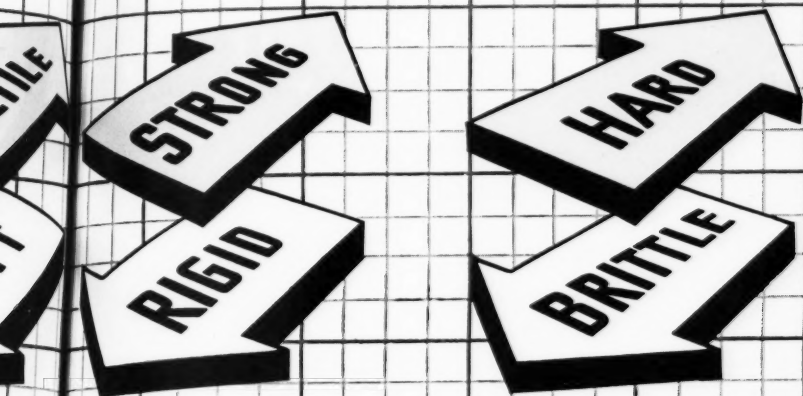
It is possible to alloy dental metals generally to provide within the limitations of the various types of alloy, certain degrees of strength, hardness or softness. Dental golds, however, may attain a wide range of hardnesses without becoming brittle, great strength without being excessively rigid and desirable ductility without being soft. Obviously dental metals without such abilities are not completely capable of meeting all the requirements necessary for efficient function of the material in the mouth.



Illustrating an important

WHAT ARE "OPPOSED CHARACTERISTICS"?

In dental metals they are the characteristics which control the efficiency or value of individual physical properties in converse action.

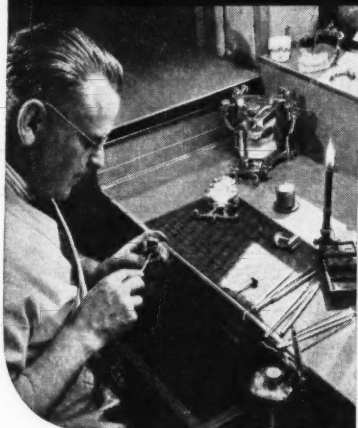


feature of dental golds.

Why are gold's "opposed characteristics" important in dentistry? The physical properties of gold are so perfectly suited to dental application because they supply all desirable properties without including any of the bad. Gold is strong enough to resist distortion, yet it is not so rigid that stresses cannot be absorbed by the structure to minimize strain on abutments. Gold is hard enough to resist wear and indentation, yet it is neither as hard as tooth enamel, nor brittle. Gold is ductile and malleable even in its hardened state so that cases may have the proper strength for structural service yet sufficient ductility to provide the flexibility necessary to enable the metal to bear shock or impact.

THE PLATINUM METALS IN DENTISTRY
FORTY EAST FIFTY-FIRST STREET, NEW YORK CITY

You and your patients
BOTH BENEFIT



when partials are made of
PLATINUM-PALLADIUM-GOLDS

Patients are assured mouth ease because platinum-palladium-golds cast readily to comfortable, secure alignment. Yet, when necessary, you can easily make minor adjustments.

Your patients have a high regard for gold and the platinum metals. They know little about dental ma-

terials but they are quick to appreciate the desirability of using precious metals in the mouth. There are platinum-palladium-golds available to meet your requirements for strength, hardness and resiliency in the design of any type restoration including inlays and bridge abutments.

Platinum Metals Division
THE INTERNATIONAL NICKEL COMPANY, INC.
67 Wall Street, New York, N. Y.

EASTMA
 PERIAPICA
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 sizes. BITE
 —Super S
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CONCENT
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 1 gallon
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EASTMAN provides every essential processing accessory

Illustrated are 13 Eastman processing accessories. Individually, each is an adjunct to efficiency in the processing room. Collectively, they emphasize the length to which Eastman has gone in providing every essential to adequate dental radiography—in films, chemicals, and accessories.

Ask the dental salesman who calls on you regularly, for specific information about any of these accessories: (1) Ventilator, (2) Intra-oral Film Developing Hangers, (3) Safelight Lamp, (4) Extra-oral Film Developing Hangers, (5) Panchromatic Green Paint, (6) Kodacoat (black) Paint, (7) Safelight Lamp adapted to serve as an illuminator controlled by item 13, (8) Timer, (9) Thermometer, (10) Processing Tank Unit, (11) Hard Rubber Stirring Rods, (12) Graduate, (13) Foot Switch.

EASTMAN KODAK COMPANY

Medical Division

Rochester, N. Y.

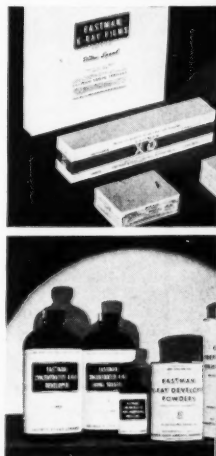
EASTMAN ALSO PROVIDES

...a complete line of films

PERIAPICAL (four types)—R-P (Rapid-Processing), Radia-Tized, C (Regular-Slow), CC (Extra-Fast); 1- and 2-film packets; two sizes. **BITE-WING**—1-film packets; four sizes. **OCCUSAL** (two types)—Super Speed, Regular-Slow; 2-film packets. **EXTRA-ORAL** (two types)—Blue Brand Ultra-Speed, No-Screen; 8" x 10" and 5" x 7".

...and a complete line of chemicals

CONCENTRATED LIQUIDS—X-ray developer and x-ray fixer; in 1-quart bottles, to make 1 gallon of ready-to-use solution by the addition of water. **PREPARED POWDERS**—X-ray developer powders and x-ray fixer powders; when dissolved in water, quantity makes 1 gallon of ready-to-use solution. Both the liquids and the powders are compounded from *Kodak Tested Chemicals*.



EASTMAN X-RAY MATERIALS

A complete line of Films • Chemicals • Accessories

PATIENTS

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APPRECIATE

NEW DENTURE



—Carry Them Through
This "Adjustment Period" by
Hastening Control with
FASTEETH

Prosthodontists frequently hear patients complain about new dentures. After all, new plates are strange to the mouth and controlling muscles. Therefore many dentists advise—to aid new denture control—the use of an efficient, alkaline retention medium such as . . .

Combats **IRRI-
TATING ORAL ACIDITY
BENEATH THE DENTURE . . .**

Holds **DENTURE MORE FIRMLY
AND MORE COMFORTABLY . . .**

**ALKALINE
FASTEETH**

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There is no...
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and YOURS...
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CLARK-CLEVELAND, INC. in the "ADJUSTMENT PERIOD"

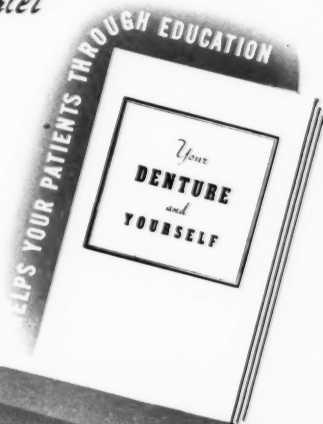
alkaline FASTEETH (1) spreads rapidly and evenly to form a thin, colloidal cushion of sustained retentive power, (2) helps ward off further irritation and inflammation due to excess mouth acidity in the area of denture contact.

Let FASTEETH do an excellent job of "homework" for you — starting today. FASTEETH helps the patient to overcome fear or apprehension and so enjoy the advantages of your work sooner. There is no better method of promoting good will than to have your patient feel that you have been considerate of his ease and comfort.

Examine This Instructive Booklet

FOR PATIENT DISTRIBUTION

The booklet, "Your DENTURE and YOURSELF" saves you time explaining about the first stages of wearing new dentures, chewing technique, diets, speaking exercises, proper cleansing, and explains natural gum and mouth tissue changes requiring eventual replacement or new dentures. As many copies as you like—no charge—simply fill out and coupon.



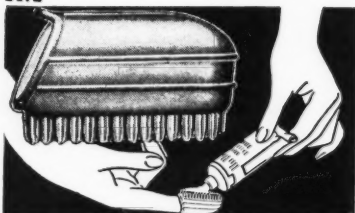
CLARK-CLEVELAND, INC., Binghamton, N. Y.
O.H.11

Doctor.....

Street & No.....

City..... State.....

Send me at once
a few copies of
Your DENTURE
and YOURSELF" for
my examination.



GUM MASSAGER

The HY-KARE Gum Massager is an invaluable aid in promoting firm gums and sound teeth. Ideally suited for home care of the gums after thorough prophylaxis. Stimulates circulation of the vascular tissues without irritation.

Made of pure surgical rubber. Sanitary, easy to clean. Fits finger snugly.

For use with any dentifrice or special lubricant you prescribe. Order direct, or through your supply house.

8 for \$1.00 — Sample 15c — 44 for \$5.00

In the first few months of its introduction in the Chicago area, Hy-Kare Gum Massager received the endorsement of more than 2,000 dentists.

HY-KARE LABORATORIES

405 S. Dearborn St., Chicago

TRIM MODELS QUICKLY and NEATLY.....

Use a

TORIT

MODEL TRIMMER

- NO DUST
- NO CHIPPING
- NO SPLASHING

Its spirally - grooved grinding wheel has a water spray to carry away grindings and keep the cutting surface clean.

Ask us for Catalog No. 13 and full information on the exceptionally popular Torit Model Trimmer.



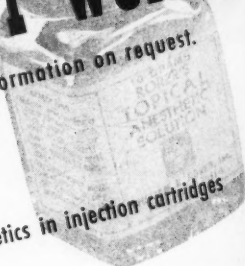
TORIT MFG. CO.
279 Walnut St.
St. Paul, Minn.

RORER'S TOPICAL ANESTHETIC SOLUTION IT WORKS

Offered in 10 gram bottles. Information on request.

WILLIAM H. RORER, INC.
Established 1910
254 South 4th Street
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Manufacturers of dental anesthetics in injection cartridges



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Sold in U.S.

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Disinfectant

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CHICAGO

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UNITED DRUG COMPANY AND YOUR REXALL DRUGGIST

YOUR PARTNERS IN HEALTH SERVICE

Use a
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REXALL DENTUREX AND REXALL DENTURE ADHESIVE POWDER GIVE YOUR PATIENTS NEW COMFORT IN THEIR USE OF ARTIFICIAL DENTURES

Denturex cleans dental plates, removable bridges and other dental appliances without brushing. It whitens artificial teeth, deodorizes and kills germs. A few minutes immersion in the Denturex solution avoids the danger of brushing or scouring with gritty powders which tend to wear away the fine indentations so necessary for proper suction.

Also developed in the United Drug Company's Department of Research and Technology in one of America's finest and most modern drug laboratories, Rexall Denture Adhesive Powder is processed from a harmless vegetable gum — actually it is as pure and wholesome as a food, and there is no disturbing

taste. It forms a firm adherent, replacing worry and self-consciousness with confidence, for it permits normal and natural expressions when eating, talking or singing.

Both of these fine products are sold only at any of the 10,000 Rexall Drug Stores in the United States, Canada and throughout the world. Liggett and Owl Stores are also Rexall Stores.

You can win your patients' gratitude by recommending Rexall Denturex and Rexall Denture Adhesive Powder. Your conveniently located Rexall Store has them in economically priced packages, together with a complete line of U.D. and other standard oral hygiene products.

UNITED DRUG COMPANY • BOSTON • ST. LOUIS

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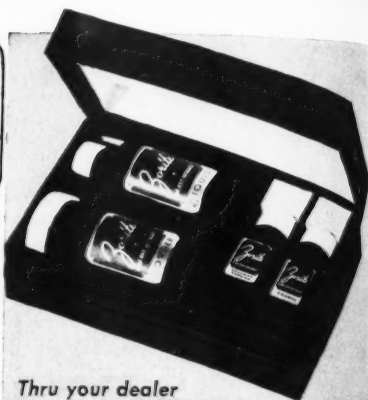
Pharmaceutical Chemists — Makers of tested-quality products for more than 38 years

U. D. Products are available wherever you see this sign

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ZORITE is an IMPRESSION MATERIAL which can be introduced into the mouth as a plastic with the consistency of flamed compound. Sets with sufficient hardness to avoid distortion with practically no setting expansion. Particularly useful in difficult lowers where bulk is necessary with minimum pressure. It is exceptionally satisfactory for RE-BASING where hours, days and even longer is helpful. A desirable feature is that thin or thick mixes may be made as required. Also of merit as a SURGICAL DRESSING. Write today for complete information.



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AVOID WASTE

THE GOLD SAVER

Dr. Frey says, "Collected \$32.50 in Gold Grindings in 90 days," and Dr. Cox, "The \$71.69 check I received from the refiner is what I saved with your GOLD CATCHER."

HOLD GOLD GRINDING CATCHER

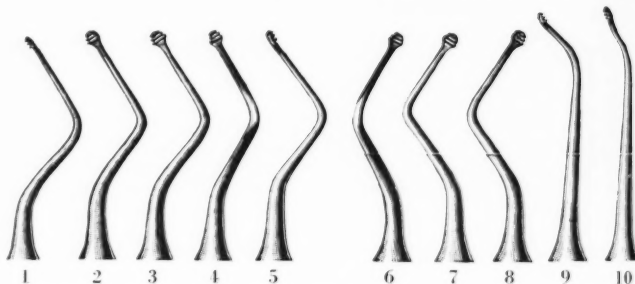
FOR USE AT THE CHAIR

A handy device with a clear shield in which you do your grinding, finishing restorations. Clamps on bracket tray headrest. Stays placed. Prevents work from dropping on the floor; no searching for inlays. Worth-while economy in good times and BAD. Gold saved pays for it in a short time. Costs but \$3.50. Send for it now.

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IVORY'S DUNLOP PYORRHEA FILES



The small delicate blades and the carefully designed angles of this set of Pyorrhea Files are appreciated by operators especially in deep pockets.

The angles allow the blade to rest against the tooth at right angles, providing a rest for the hand in using a pull or draw motion in guiding the blade to those last small granules which are so often overlooked.

J. W. IVORY, Manufacturer
all dealers

Philadelphia, Pa.

U. S. A.

THE

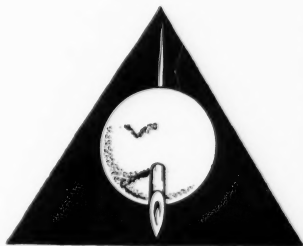
Safest

NEEDLE EVER MADE!

Conical design is the strongest known type of needle construction. The seamless canula is tapered to lend extra strength at the hub, *where strain is greatest!* You can therefore use a finer point with more safety than you'd get with a heavy gauge needle.

You will want to use the "safest needle ever made" in your practice. The extra strength also insures more than twice the service of ordinary needles, so that in service, they add economy to their safe, smooth performance.

All types and sizes available in stainless steel and platinum at your dealer.

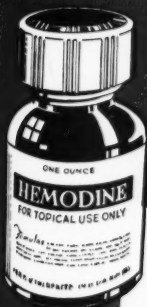


CONICAL
NEEDLES

MIZZY, INC. • MANUFACTURERS • 105 EAST 16TH ST., NEW YORK

HEMODINE

A completely stable, antiseptic solution used routinely to control excessive bleeding and hemorrhage. Hemodine is non-toxic, non-irritating and benign to tissue regeneration.



Use Hemodine routinely in combination with mechanical technique for cessation of secondary or post-extraction hemorrhage. In most instances, hemostasis occurs within 8 seconds after application. Hemodine also offers a safe technic for clearing operative areas of blood where further work or preparation is to be done. It avoids delay and waste of chair time when blood flow interferes with the dry placement of silicate, cement or amalgam fillings. Your dealer can supply you with Hemodine.

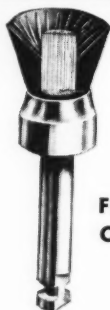
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GERMICIDAL
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ANALGESIC

TRY THE AMAZING

2-Way ★ Polisher

—ANOTHER COE PRODUCT

THE BRUSH
is in the
RUBBER CUP!



It
CLEANS
as it
POLISHES



**FITS ANY STRAIGHT
OR CONTRA-ANGLE
STANDARD
HAND PIECE**

- ★ Two actions in one; smooth; fast; comfortable for patient. Saves chair time.
- ★ Efficient; brush cleans while cup polishes teeth, protecting gingival.
- ★ Bristle brush anchored in rubber cup; Retains abrasive; avoids spatter.
- ★ Mounted in one piece mandrel; runs in either direction; can be sterilized in boiling water.
- ★ Made in U.S.A. Patented U.S.A. and Canada. Order from dealers.

DOZ. 65c ½ GROSS \$3.75 GROSS \$7.20

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**NOW TRY 2-WAY POLISHER
FREE ★ SEND COUPON
FOR SAMPLES**

Name

Address

City State

Dealer

FIGURES PROVE IT

Over and over he told himself he couldn't afford our new shockproof FISCHER Cabinet Dental-X. "But did you ever think," we asked him, "how this x-ray will pay its own way?" He hadn't. Now after three months is he surprised. His patients are greatly pleased, and not only is his new x-ray paying all carrying charges—it is actually proving his best paying investment. ● Why don't you ask us to prove to you also how our new FISCHER Cabinet Dental-X increases income? No obligation.

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plenty of rea-
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ALKALOL

— is the favor-
ite of so many
dentists and
has held their
friendship for
45 years.

A trial would show you.

THE ALKALOL COMPANY
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Write for free sample
ALKALOL
ALKALINE · SALINE · CLEANSING



MILLER'S ELECTRIC HANDPIECE

FOR CHAIR AND
LABORATORY USE

Save your present hand-
piece for oral work.

Ask your Dealer for
Free Demonstration

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Dept. OH

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CHICAGO ILLINOIS

Send for Catalog



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maintain these
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**BARD-PARKER
RIB-BACK BLADES**

*are built up to a quality
... not down to a price*

**SUPERIOR SHARPNESS
ADEQUATE RIGIDITY
LESS REJECTS
UNIFORMITY
GREATER STRENGTH
LONGER CUTTING EFFICIENCY
ECONOMY**

Each individual blade is carefully inspected after every major step of production. Blades failing to meet our rigid specifications are immediately discarded. They are not permitted to reach the operating room to be rejected by the surgeon. This economy feature measurably conserves the buyer's investment dollar.

Ask your dealer

BARD-PARKER COMPANY, INC.
DANBURY, CONNECTICUT

Investigate these new
B-P HANDLE features
DISTAL ENDS ... redesigned
for use in blunt dissection
ELONGATED HANDLES
... for deep surgery

A BARD-PARKER PRODUCT

DENTINOL LIQUID

is specifically designed to destroy the mixed micro organisms, always present in pyorrhea and other oral infections without injury to the oral tissue. The combination of ingredients used in producing DENTINOL makes it the ideal germicidal and healing agent for dental purposes. The attractive introductory package as shown in the cut is sold on a money back guarantee obtainable at your dental depot.



CONTENTS	}	One NATIONAL DENTAL SYRINGE	\$2.50
		With One Platinum Needle (Flat Tip)	
		One 2 oz. Bottle DENTINOL (LIQUID)	1.00
		One 6 c.c. Bottle DENTINOL—FREE TRIAL	

Special Introductory Price \$3.50

Accept no substitutes for PYROZIDE TOOTH POWDER and DENTINOL LIQUID manufactured by the National Dental Company for 40 years.

WEB DISTRIBUTING CO., 259 SOUTH ST., NEWARK, N. J.

✶ How to Obtain "Patient Cooperation" in Essential Interdental Stimulation... ✶

EMC Electric
and Toothbrush Toothmaster

Scientific Gum Massage . . .
With the Toothmaster Rubber Gum Massager, FOUR MINUTES gentle, soothing massage is more effective than 30 to 60 minutes hand massage . . . And patients readily cooperate with home massage—making your professional treatments more productive.



Effective Cleansing . . .
Toothmaster's UP-AND-DOWN Action was developed by Dental Authority—used and recommended by Dentists for over 8 years. Scientifically SWEEPS teeth clean—quickly, effectively.

★ Order **YOURS NOW!**

For Correct Oral Prophylaxis . . . Use . . . Recommend . . . EMC Gum Massager and Toothbrush National Advertised **Only \$9.95**

Complete with cord, switch, Rubber Gum Massager and Bristle Toothbrush. Safe, easy to use. A. C. Current. Extra Brushes and Massagers in 5 colors for family use.

Underwriters Approved.

ELECTRIC MOTOR CORPORATION
1200 State Street

CORPORATION
Racine, Wisconsin

A GOOD STOPPING



Crescent Stopping

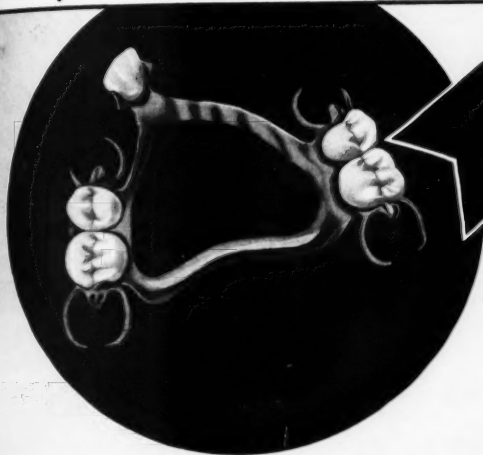


4 OZ.
GLASS JAR
\$1.

- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
- LEAVES NO TASTE IN MOUTH

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO

*Gold Justifies Dentistry's Belief that
"Nothing is too Good for the Human Mouth"*

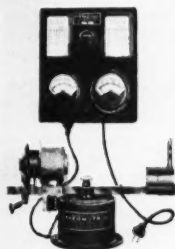


THE PATRICIAN *of* CASTING GOLDS

**JELENKO NO. 7
CAST GOLD**

REG. U. S. PAT. OFF.

for I-Piece and Unit Castings,
Clasps, Bars, Saddles, etc.
GOLD COLOR



Cast by
**JELENKO
THERMOTROL**

U. S. PAT. NO. 2,209,381
OTHER PATENTS PENDING

J. F. JELENKO & CO., INC.

Manufacturers and Refiners of Dental Golds
136 West 52nd St. New York, U.S.A.

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To make
a good
impression—

USE CLOVER LEAF!

Of extremely fine grain, CLOVER LEAF XX IMPRESSION PLASTER reproduces the minutest detail. In addition, it is quick setting, is free from expansion and breaks with a clean fracture.

So naturally the impression is good because it's *accurate*.

Other Wiggin's products include: X Standard Set Plaster, Hardite, Soluble Impression Plaster, Hard Plaster, Cloverlac, Vulcanizing Stone.



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Please send me sample of Clover Leaf XX Impression Plaster

Dr.

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City State

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*"Dark-room
Drudgery"*



The drudgery of measuring and mixing powders, heating water, watching temperatures and dissolving solids is no longer a problem when you use Urell X-Ray Solutions. With results comparable to those obtained with the finest powders, Urell Solutions completely do away with the need for spending extra hours in the dark-room—freeing you for other work!

Urell Solutions are instantly prepared by simply adding water. There are no suspended solids to dissolve—both Urell Developer and Fixer are crystal-clear concentrates which contain the complete formula. Densities, details and diagnostic qualities compare with powder solutions... have the same developing and fixing speeds... and are equal to powders in strength, stability and life span.

Urell Solutions are available from your dealer in conveniently-sized bottles at nominal cost. They'll go a long way toward increasing efficiency of your X-Ray laboratory operations. Get in touch with your dealer now!



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1 QUART CONCENTRATE \$.95
(makes one gallon)
4 QUARTS CONCENTRATE 3.15
(makes four gallons)

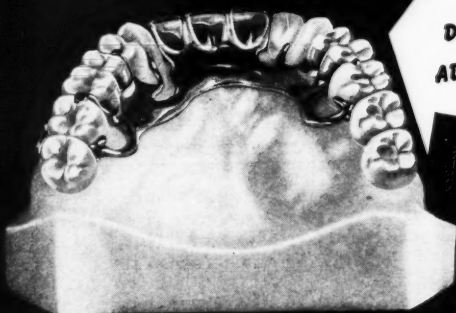
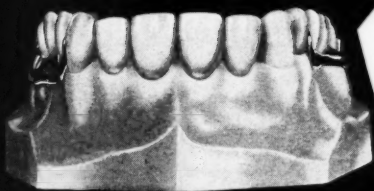
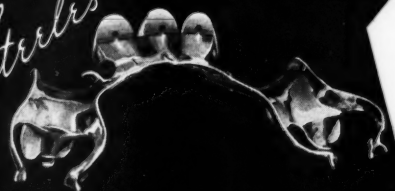
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Urell Inc.

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This will bring to your attention an additional feature in the use of Steele's Interchangeable Teeth, offering **TECHNICAL FACILITY** and **EASY MANIPULATION** in removable cases.

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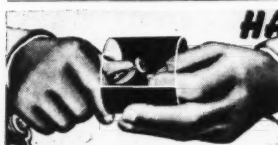
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"PARFAIT BLANKS" "GUM-TINT BLANKS"

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Styles CHANGE IN COTTON ROLLS, TOO



Handier than short lengths,
VIBROFLEX saves the time and
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*Keeps the field dry for a
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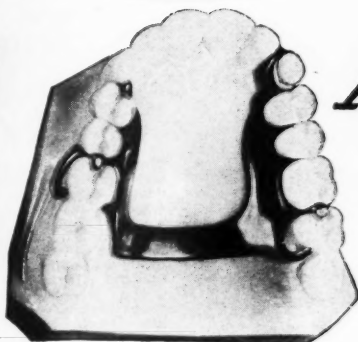
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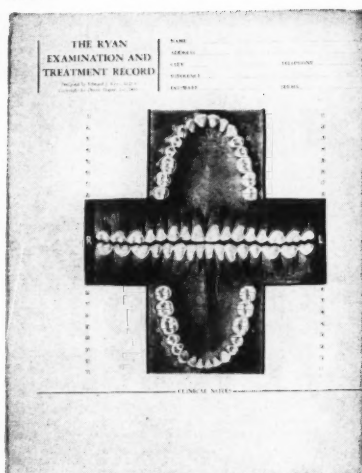
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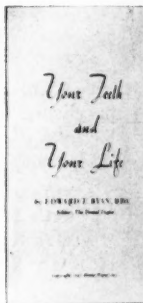
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Vince is Jack of all trades—and Master of all, no less. Its effectiveness as a mouthwash and gargle, as a denture cleanser and therapeutic agent in ulcerative gingivitis, has earned for it the reputation of all-round oral cleanser, detergent and antiseptic.

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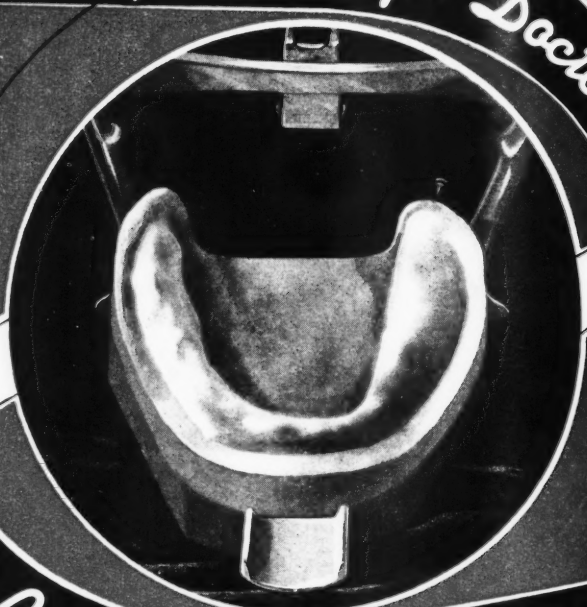
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WITH Trubyte New Hue 20° Posteriors, you can give your patients three-way ridge protection—protection from occlusal trauma, from lateral interference and from denture tilting.

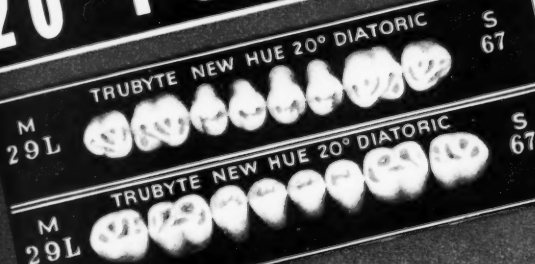
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The low cusps avoid interference in lateral movements and protect ridges from lateral trauma.

The cusp inclinations stabilize dentures and prevent the trauma that tilting always causes.

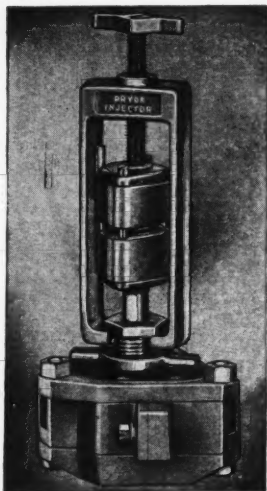
Good ridges deserve Trubyte New Hue 20° Posteriors. Knife-edged and flat ridges need them!

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See the advantages of the tougher and stronger Black Bristle Brush. Send 40c for two adult brushes. Choose one with our regular hard or extra hard unbleached bristle—the other with hard or extra hard black bristle. Then make your own comparison with other brushes!

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Vast islands of population, completely isolated from the dentist by a wall of fear of pain! Money? Yes . . . money and time for ball games . . . the theatre . . . the movies—but no inclination to go to the dentist!

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*True Personality
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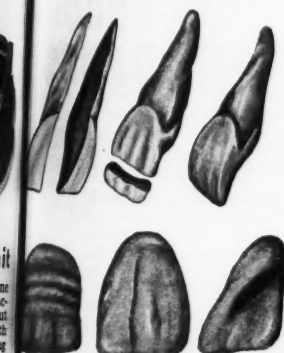
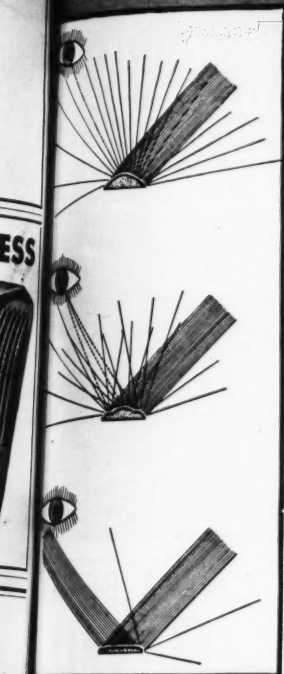


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Patients go to you because they have confidence in your ability to preserve and protect their teeth.

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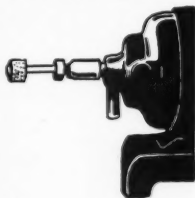
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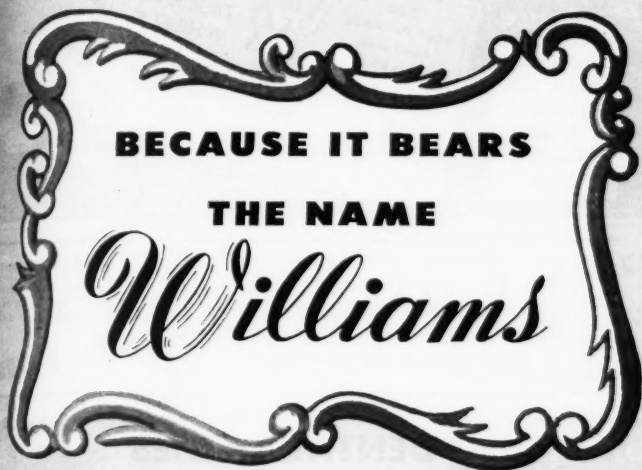
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These small bands, made
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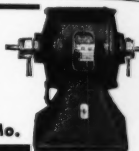
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A. Yes, it is. A four-ounce serving of canned salmon contains approximately 200 to 800 U.S.P. units of vitamin D-2. The body oils of sardines approach a good cod liver oil in vitamin A and D potencies. Therefore, canned sardines are another important dietary source of vitamin D.⁽¹⁾ It has been reliably estimated that the amount of canned salmon sold in this country alone contains more vitamin D than the cod liver oil used for both animal and human feeding.⁽²⁾

American Can Company, 230 Park Avenue, New York, N. Y.

(1) 1935. J. Home Econ. 27, 658.

(2) 1931. Ind. Eng. Chem. 23, 1066.



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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Plastics CAN TAKE IT!

Hundreds of millions of dollars invested in dams are *protected by plastics*. Engineers of the great American river projects depend upon plastics to lengthen the life span of their work. They investigated, tried and tested material after material; much water spilled over the dams before they finally discovered and decided on plastics. Now, thin coatings of plastics cover exposed metal, protect the surfaces, prevent corrosion, withstand the attacks of sun, rain, snow and ice. *Plastics can take it!*

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Denta-Pearl teeth are practically unbreakable, highly resistant to the abrasive effects of mastication. They wear and wear and wear! Life-like in appearance, clatter proof, completely desirable, they appeal to your patients.

ACRYNAMEL, "the original non-granular acrylic enamel" for construction of jackets, bridges, inlays, bite-raising cases and many other types of restorations, provides the same fine wearing qualities assured by Justi Denta-Pearl Teeth. Acrynamel replacements *wear* like human teeth, *look* like human teeth and *feel* like human teeth.

For full information, descriptive and illustrated literature, processing instructions write today. You will receive our prompt reply.

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The Oldest Manufacturer of Porcelain and Plastic Teeth in America
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Nice to Know

Squibb Dental Cream—A safe, effective dentifrice with a cool, minty taste that makes the daily routine of brushing the teeth truly enjoyable. Made from Squibb Milk of Magnesia—a fine antacid. Free from any ingredient harmful to the teeth or gums.

Squibb Angle Toothbrush—Its small brush head is mounted on a thin metal shank which is bent at an angle like your mouth mirror. Designed to make it easier to reach less accessible surfaces of the teeth.

Squibb Tooth Powder—Safe—and pleasant to use. Its mild, minty taste is liked by children. It contains magnesium hydrate—an antacid.

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Squibb Dental Lotion—A mildly astringent, refreshing, anise-flavored mouth wash for routine use.

Squibb Oral Perborate—A pleasant, palatable free-flowing sodium perborate powder for use on a toothbrush or in solution as a mouth wash, when indicated.

It's nice to know that your patients are following your instructions for the proper home care of their teeth. Such cooperation is assured when you recommend products that are enjoyable to use. Once they have experienced the cool, clean, refreshed feeling that follows the use of Squibb Dental Cream . . . once they have enjoyed the advantages of the Squibb Angle Toothbrush . . . they'll want to use both regularly.

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For literature address the Dental Department, E. R. Squibb & Sons, 745 Fifth Ave., New York, N. Y.

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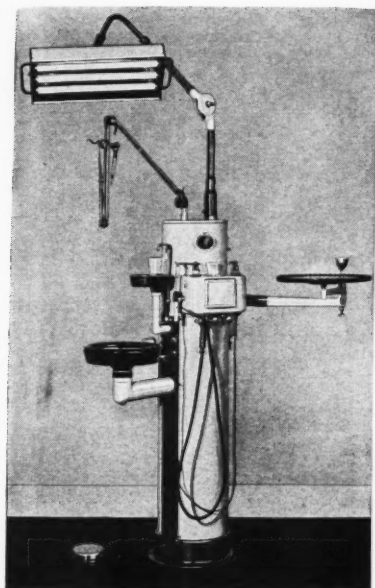
Here is another step forward in dental economy. The Proco-Sol Chemical Company now offers "Proco-Sol" Procain with Neo-Synephrin Hydrochloride, or with Epinephrin in Cartridges modernly packed in vacuum tin containers.

This extra protection permits you to keep on hand a larger supply of "fresh" Proco-Sol, the scientifically controlled local anesthetic.

Order a vacuum tin of twenty-five Cartridges today... Be sure to specify "Proco-Sol" Procain with Epinephrin or with Neo-Synephrin. Free samples gladly sent upon request.



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**Low Speed; Maximum Power
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Our No. 7 UNIT embodies all of the desirable features you expect when you invest in equipment. It is a remarkable piece of equipment that you will be proud to own. It gives you *low speed*, a most desirable element, but at the same time gives you *maximum power*.

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(and *all* smokers inhale
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"On comparing—the irritant quality in the smoke of the four other leading brands was found by recognized laboratory tests to average more than three times that of the strikingly contrasted Philip Morris!

Further—the irritant effect of such cigarettes was observed to last more than five times as long!"

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*Facts from: Proc. Soc. Exp. Biol. & Med., 1934, 32, 241-245; N. Y. State Jnl. of Med., Vol. 35, No. 11,590; Arch. of Otolaryngology, Mar. 1936, Vol. 23, No. 3,306



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Two generations of dentists have recognized Revelation as A Powder of Merit. Its national success was no overnight sensation, but the growing recognition by dentists in one city after another. They used it themselves and recommended it to patients. Professional recognition of its merit as a safe, effective dentifrice, has always been, as it now is, the major reason for Revelation's widespread popularity. Strict adherence to the formula perfected in 1907 by August E. Drucker, is your assurance that the essential qualities of Revelation Tooth Powder shall remain constant. Our aim is to continue to merit the complete confidence of our friends of the dental profession. Do you happen to be among those who have not yet been "converted"? If so, please accept our offer to send you complimentary testing samples.

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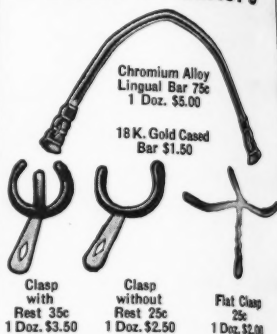
Applied to a gum abscess, to non-specific ul-

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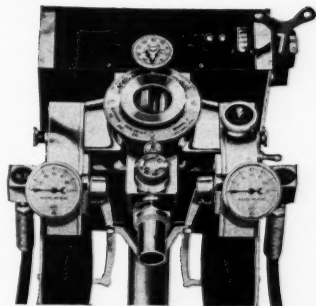
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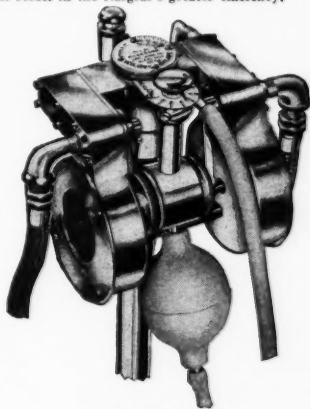
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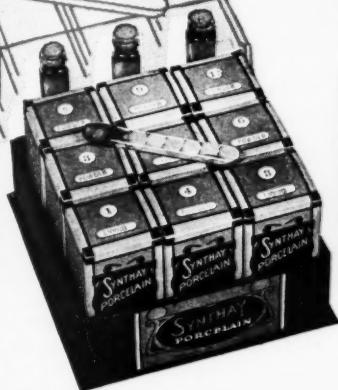
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Perfected Garhart Synthay Porcelain is supported by more than 20 years of research and successful clinical performance.

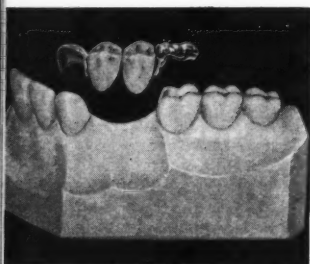
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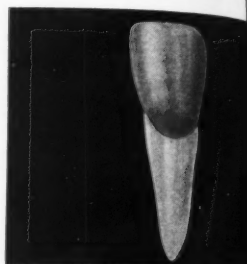
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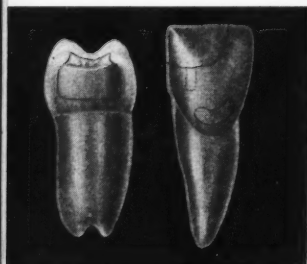


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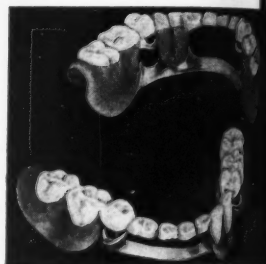
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Of course, Vitallium is no less friendly to the tissues of the mouth and, as a matter of record, it was in prosthetic dentistry that its compati-



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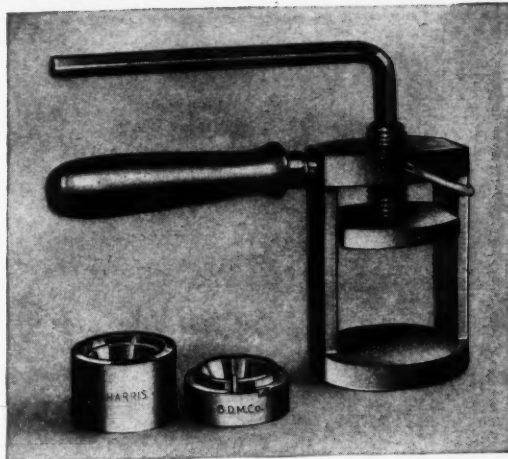
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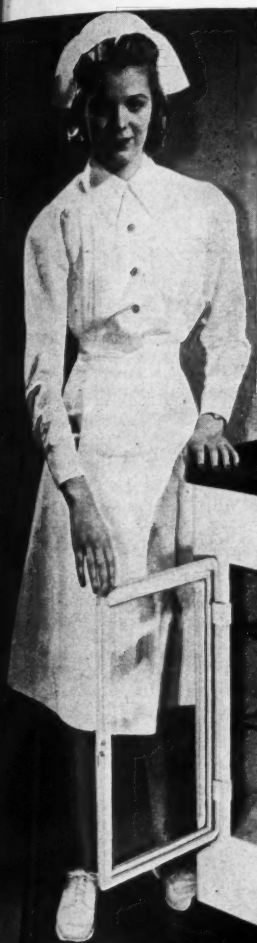
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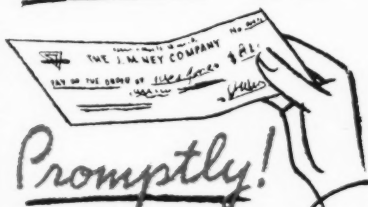
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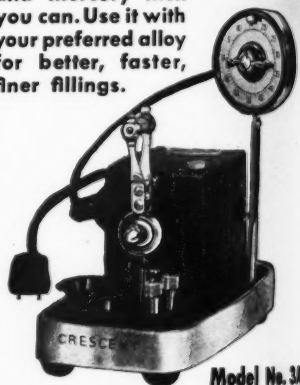
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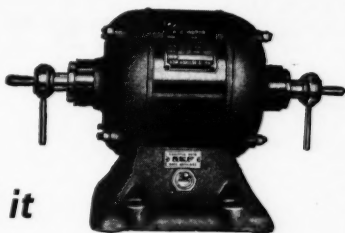
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Illinois practice, runs \$8500 yearly. Leaving state. Small investment; get details. "I" F. V. Knies, 1537 S. 29th St., Omaha, Nebr.

Nebraska practice, city nine thousand; active all fields. Death of owner. Established thirty years. Sacrifice price; complete equipment; low rent; easy terms. "H" F. V. Knies, 1537 S. 29th St., Omaha, Nebr.

DENTIST WANTED: Registered Ohio, good salary to high class operator. Busy office, get top prices for all work. "LO" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Office located one of best industrial Ohio cities; population fifty thousand. Revere large fees. Low rent. Reason for selling; have outside interests. Can arrange terms. "BC" Oral Hygiene, Pittsburgh, Pa.

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invites you . . . to try superior rubberized abrasives for fine grinding and polishing. There is no expense involved. Merely paste this ad on a penny postcard, indicating your preference, and mail. You have tried the rest, NOW TRY THE BEST. You'll be convinced at our expense. That's our guarantee.

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tablets, help
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POST PARTY THERAPEUTICS! Over-indulgence in food or refreshments often requires the use of an effective antacid-alkalizer such as BiSoDoL.

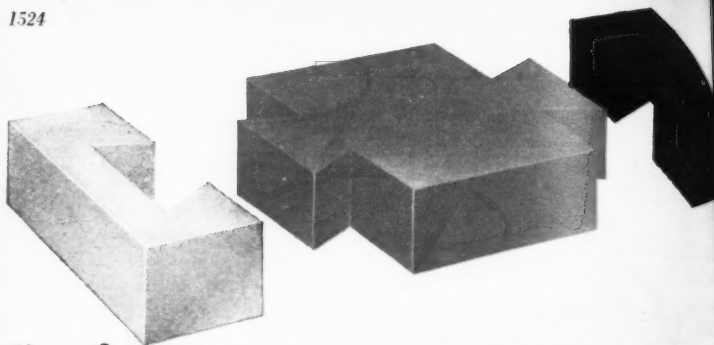
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SPECIAL to Dentists—\$3.00
value for \$1.00—5 handy
Kits containing brush and den-
tistfrice needed for giving chair
massage treatments or for in-
structing patients in massage-

brushing technique. Giving Kit
to patient insures home use of
proper brush and preparation.
This lessens danger of trauma
and waste of your time and
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BRUSH SPECIALLY MADE FOR MESSAGE BRUSHING

—This Calsodent Brush made accord-
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Contains no abrasives, no soap, no
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dent makes a glassful of solution—Used
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easy; washes debris from brush;
removes "mucin"; neutralizes acids; has
a soothing effect upon gingival tissues; does
not irritate.

CALSO-DENT
Dissolve 1 capful in
a glass of water and use
as mouth wash and
dentistfrice as direct-
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**5 Kits like this
for \$1.00**

Each kit contains a 50¢
Calsodent Brush and a
10¢ Bottle of Calsodent.

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Please send me: ☐ 5 Kits; ☐ 10 Kits; ☐ 20 Kits;
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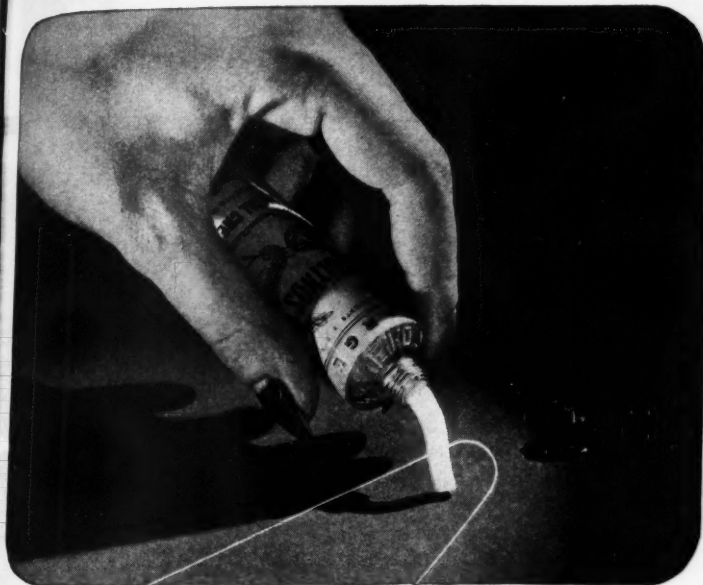
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on Massage Brushing.

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*for
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The main attack on dental ills takes place in your chair, but one of the first lines of defense may be the daily brushing of the teeth with a safe, effective dentifrice.

Kolynos,* a pleasant and refreshing dentifrice, serves this purpose well because of its *dual* cleansing action.

First, Kolynos Dental Cream is safe in the hands of the patient. It has a gentle polishing action due to the presence of finely divided precipitated chalk. Secondly, it helps remove mucus plaques, and food debris in a cleansing, refreshing and penetrating foam.

Recommend Kolynos dentifrice to your patients.

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CO-RE-GA, on account of its long resistance to oral fluids, is of material aid in dividing the load evenly over the basal seat, and, at the same time, assisting adaptation.

In many cases CO-RE-GA also prevents mandibular removable bridges from rocking or wobbling.



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THE PERFECT ADHESIVE FOR DENTURES

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**Greater
Absorbency!
Economical
To Use!**

XODONTIA SPONGES

●Gauze filmated with cotton for greater absorbency. Cheaper than plain gauze sponges. Machine-made and uniform. 2" x 2", 500, \$2.15 per box; 1,000, \$3.60 per box.

(these prices apply only in U. S. A.)

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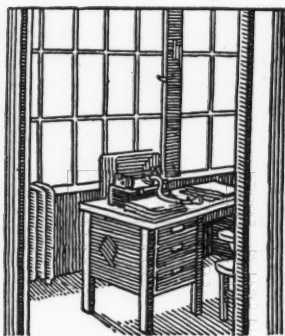


Johnson & Johnson



NEW BRUNSWICK, N. J.

CHICAGO, ILL.



The Publisher's **CORNER**

No. 246

By Mass

AFTER LOOKING OVER the letters in the CORNER mailbag just now, there is a temptation to do some more quoting and unquoting, particularly since I find that in acknowledging the letters I promised to do a lot of it, and haven't kept the promises. But it seems best to save the quotes for rainier days.

There is one letter, though, to which I do want to refer now. It's from Doctor Denny B. Beattie of New York. A little while ago, Denny attended a luncheon at which the speaker was Donald Nelson, former executive vice president of Sears-Roebuck, now director of SPAB, the Government's priority control board. Mr. Nelson forecast

shortages of automobiles, and many household luxuries and semi-luxuries: radios and things like that. Well, it dawned on Denny that if and when this happens it may result in more of the public's money being released for dental service.

For many a long year, it has been recognized that the pitiful amount per capita spent for dentistry is by no means due entirely to the fact that a large percentage of the population has little or no money for the purpose. Many people who too seldom enter dental offices do manage to find folding money for the numerous luxuries and semi-luxuries they are daily urged to buy.

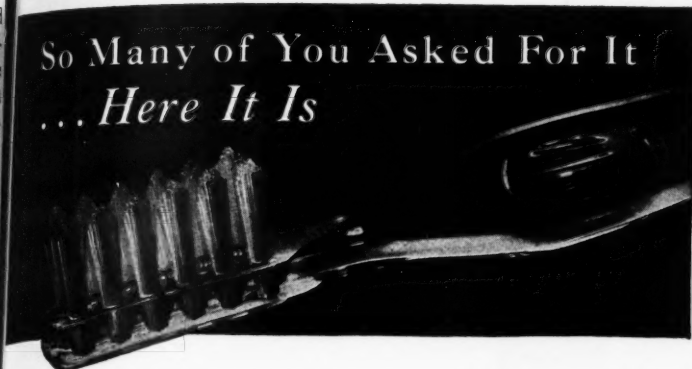
The snaggle-toothed, the semi-edentulous, the proprietors of gingivitis drive pretty good cars, chill their groceries electrically, and twirl the dials of not inexpensive radios. Certainly many of them don't need to be told that in the long run they would be better off if they were to forego some of these delights and—in the words of a rather coarse character I know—have their fangs fingered.

But dentistry isn't fun. And so long as no excruciating pain develops, it is easy to find reasons for staying away from the readers of this magazine. It has been even easier for millions of citizens who did not have any dental dollars after making the easy payments.

None of this is news. Dental writers have been mourning about it for many a long day. But if the luxury-buying is really going to be curbed—if Donald Nelson is right

(Continued on page 1534)

So Many of You Asked For It
... Here It Is

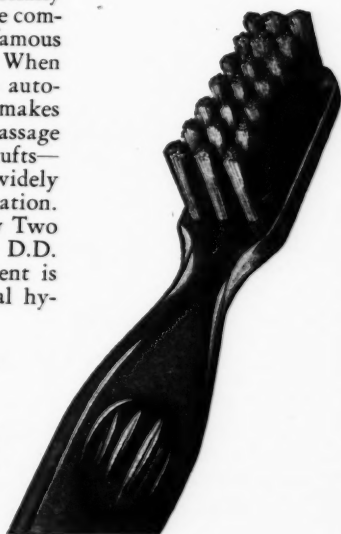


...the new Two Row D.D. TOOTH BRUSH

"We like the unique twisted handle of your D.D. Tooth Brush," said dentists. "We approve the smooth contour of its lively bristles. But some patients need a slimmer, smaller head. *How about a D.D. Tooth Brush with two rows of tufts?*"

Well, here you have it—the smart, new Two Row D.D. Tooth Brush. Especially made for patients who require a more compact head. The handle has the same famous twist that created such a sensation. When this handle is grasped, the bristles automatically turn at an angle that makes interproximal brushing and gum massage easy and more efficient. The Nylon tufts—quick drying and springy—are widely spaced for maximum cleansing penetration.

Whether you recommend the new Two Row or the regular Three Row D.D. Tooth Brush, you know your patient is getting a scientifically designed oral hygiene aid.



**The Modern Tooth Brush for Tooth
 Cleaning and Gum Massage**

BRISTOL-MYERS COMPANY

630 Fifth Avenue, New York, N.Y.

Dept. 4

TrueD



Filings and Cut A for alloy-mercury proportioners.

IN ONE-OUNCE BOTTLES AND SIGRENS*

1 oz.....	\$2.00
5 ozs. per oz..	1.85
10 ozs. per oz..	1.75

IN FIVE-OUNCE BOTTLES

5 ozs. per oz...	\$1.80
10 ozs. per oz...	1.70
20 ozs. per oz...	1.65

(Prices subject to change without notice)

FOR DEPENDABILITY AND

True Dentalloy has been the choice of discriminating dentists everywhere for more than forty years, because of the uniform dependability, endurance, and complete satisfaction it always affords. Any product that has maintained world-wide popularity for so long a time must be good and worthy of your confidence.

- 1 More than complies with Federal and A. D. A. Specifications.
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- 3 Entirely free of foreign substances.
- 4 Does not blacken the hand.

For Sale By Your Local

THE S. S. WHITE DENTAL MFG. CO.

211 S. 12

Dentalloy

AND ENDURANCE

- 5 Amalgamates in one minute or less.
- 6 Carves with a wax-like smoothness for 15 minutes after amalgamation.
- 7 Takes a mirror-like polish that is retained over a long period.
- 8 Has high resistance to spread under impacts of mastication (flow only 2.5% in 24 hours).
- 9 Average expansion, 6 microns 24 hours after amalgamation.
- 10 Crushing strength, 50,000 lbs. per square inch (hand packed specimen)



*Sigrens is a registered trademark indicating hermetically sealed, dust- and moisture-proof, transparent envelopes containing 6 grains of True Dentalloy, an estimated amount of alloy for the average small filling. Additional Sigrens are used for larger fillings. Each Sigrens contains the correct amount of alloy for one dispensing of mercury from the S. S. White Mercury Dispenser. Waste and guesswork proportioning are eliminated. Ask your salesman about Sigrens or write for folder.

Your Local Dealer

211 S. 12th Street, Philadelphia, Pa.

(Continued from page 1530)

—Denny believes that, with the new money available, dentists should be stimulated to urge this type of patient to invest in health and appearance.

Many dentists have been discouraged. The discouragement has unquestionably led many to decide it was a waste of breath to talk about complete service to patients who come in for the short-order variety. Year after year, so many had said that they "couldn't afford it."

But now, always assuming that Donald Nelson knows what he's talking about, it may not be long before these very same patients become more receptive to such sound advice, largely because they can't buy knickknacks no matter how much they may want them.

Maybe this is all theory. But if there isn't some sense in it, then all the untold thousands of words which have been written about the diversion by big business of dental dollars has been just a lot of malarkey. I don't think it has been malarkey. I don't think many will deny that literally millions of dollars which should have been earmarked for dentistry have been scooped up by industries remote from dentistry.

What can dentists do about the predicted new conditions? I hope no one will suggest that the profession sponsor a big national advertising campaign. I risk voicing that hope despite the fact that I have more than once collided with good dental friends of mine who have been eager to see dentistry

compete with the national advertising of the big manufacturers.

One friend even sent me the campaign, in full color, of the coconut people, contending that the profession should take a leaf out of their book. I confess that I couldn't convince *him* that dentistry can never be made as popular as coconut custard pie. The only idea he sold me was to buy a wedge of it for myself that noon after I had eyed the color picture for a while.

No, let's not talk about advertising dentistry to the public; let's not resurrect *that* idea. I believe, instead, that any dentist who has been heartened by Donald Nelson's prophecy can do something about it as an individual. I believe, and I gather that Denny Beattie believes, that the place to start is right at the dental chair.

Even if national advertising of dentistry may ultimately prove to be sound—and I can be entirely wrong in opposing it—isn't it a fact that a very great deal more dentistry would be done if the people who do present themselves were persuaded to accept adequate service?

Some authorities—people who know a lot more about it than I—have said over and over again that something like 40 per cent of the dentistry that walks into dental offices walks out again.

Unquestionably a lot of that dentistry walked out because dental dollars had previously been diverted. So maybe Denny is right. Maybe dental prosperity is, at long last, within sight—if something is done about it.



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NYKO PRODU

Not advertised to the

CLEANING POWD

as a solution for

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teeth Lustrous.

NTAL PLATE CO

Holds full set of

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with NYKO

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for cleaning and

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HERENT POWD

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recovery.

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dentists.

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FOUNDED ON

Quality, Ethics and Good Will

NYKO PRODUCTS

Not advertised to the public

CLEANSING POWDER

Used as a solution for removing dirt and thoroughly soaking dentures made of vulcanite, acrylic and other pink materials. Helps to keep artificial teeth lustrous.

DENTAL PLATE CONTAINER

Holds full set of upper and lower dentures. Used as denture cleaner in solution.

DENTURE CLEANSER

A cream for cleaning and polishing dental plates made of gold or other metals. Maintains lustre.

ADHERENT POWDER

Prepared from pure, natural Spearmint Gum, pleasantly flavored with Oil of Peppermint. Non-irritating. Does not contain Borax (Borax). Merit its own story. Test and determine for yourself Nyko's superiority.

NYKO BRUSHES

Two styles for bridge and clasp dentures and two styles for full dentures. Scientifically designed in accordance with advice from leading dentists.

A superior line for the care of artificial dentures . . . specifically produced to promote the utmost in comfort, cleanliness and satisfaction.

Prescription by leading Dentists over a period of 16 years . . . and that alone . . . has established the nation-wide distribution enjoyed by NYKO preparations, brushes and accessories . . . evidence enough that the Profession recognizes their merit and their value in the promotion of home cooperation by patients . . . an important and most difficult factor to control in professional service.

That you may test for yourself, the quality, purity and efficacy of NYKO preparations, may we send you a package of generous trial sizes?

NYKO, INC., 415 W. Chicago Ave., CHICAGO

Without charge or obligation you may send me, post-paid, the NYKO professional package of trial sizes of Cleansing Powder, Denture Cleanser and Adherent Powder.

Dr.

.....

Please enclose your card or billhead with coupon.

What Do You Say

when You Patient



**Which is
the Best
Tooth Brush
for Me?**

YOUR ANSWER is naturally based upon your studied examination of various tooth brushes, and your valuation of the merits of each as applied to the particular needs of the patient.

It is also only natural that we should like the new Pepsodent "50-Tuft" Tooth Brush to receive your consideration. With this in mind, we present the salient features of this brush for your inspection:

**50 TUFTS—TWICE AS MANY AS
ANY OTHER BRUSH
IN A SMALL, COMPACT HEAD**

This new, patented feature gives *more* effective, yet gentle, cleansing power . . . with a brush head that is small,

comfortable-feeling in the mouth. Its construction unites *many* slender, tapered bristles for efficient cleaning action, while other brushes have to rely on harsher bristles for scrubbing power. Yet, these *fifty* bristles are packed into a brush head small enough to reach into the least accessible parts of the mouth. Actually, Pepsodent's "50-Tuft" Tooth Brush requires less work to clean surfaces better.

**FIBREX BRISTLES MADE OF
DU PONT'S NEW SYNTHETIC
MATERIAL**

Instead of the old-type animal bristles, the Pepsodent "50-Tuft" Tooth Brush

has new synthetic fibers which are quicker... the texture, let them are extra bristles give Tooth Brush efficient dent

FIBERS A
"SPRING"
TE

Slender, gentle Pepsodent "50-Tuft" is ideal one for slender mouth "in", because bristles are not harsh. Yet it is power because united for str

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Say

Your Patients ask this Question?

new synthetic fibers. These synthetic fibers resist soggy, dry out quicker...they are constantly uniform in texture, length and diameter...and they are extremely durable. Fibrex bristles give Pepsodent's "50-Tuft" Tooth Brush a long life of constantly efficient dental cleansing action.

FIBERS ARE GENTLER, MORE "SPRINGY", KINDER TO TENDER GUMS

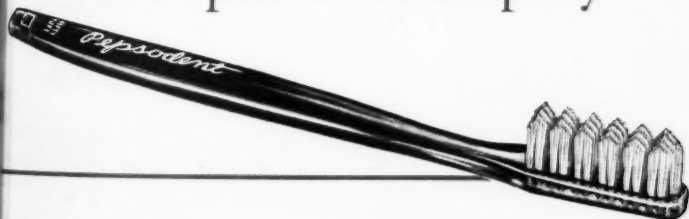
Slender, gentle bristles make the Pepsodent "50-Tuft" Tooth Brush an ideal one for children, or for adults with tender mouths. It needs no "breaking-in", because right from the start its bristles are resilient, "springy"...not harsh. Yet it maintains its brushing power because twice as many tufts are united for strength and durability.

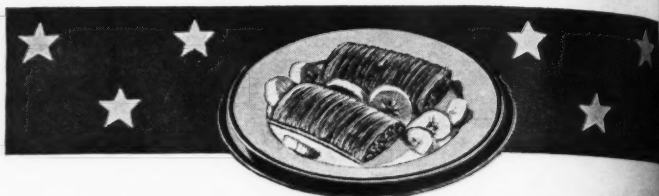
SCIENTIFIC DESIGN IS COMBINED WITH DESIGN FOR CONSUMER APPEAL

Although primarily designed to do the best possible job of cleansing teeth, Pepsodent's "50-Tuft" Brush does not omit certain other features your patients may look for in a tooth brush. Its appearance is attractive...both in design and color. The handles are form-fitting...easy to grip in use. The brush head is small...the bristles feel good in the mouth. These points help to encourage your patients in the frequent and continued application of correct dental hygiene habits.

For these reasons, more and more dentists every day are recommending the Pepsodent "50-Tuft" Tooth Brush in answer to their patients' question, "Which is the best tooth brush for me?"

The Pepsodent Company





A GOOD "STAND-BY" FOOD FOR NATIONAL FITNESS!

With Vitamin B₁
as NATURE provides it

★ A breakfast that fits mighty well into the National Fitness program is National Biscuit Shredded Wheat and milk. And, best of all, it is *downright good to taste*, day after day.

Vitamins? National Biscuit Shredded Wheat is a good source of the much-talked-of Vitamin B₁—as *Nature provides it*. And that, says the National Research council, is important.

Other food values? Well, it is made of the whole grain of which we've been hearing so much—

with its iron, phosphorus and other vital minerals, and its abundant supply of energy.

National Biscuit Shredded Wheat is one of the longest established standard stand-bys in nutritional circles.

Nutritionists say many people are getting too little Vitamin B₁ these days. National Biscuit Shredded Wheat is a sound recommendation in any case.

Baked by NABISCO
NATIONAL BISCUIT COMPANY
Address: New York, N. Y.



Important Nutritional Values

Analyses show the following nutrients *naturally present* in 2 National Biscuit Shredded Wheat with a cupful of milk:

VITAMIN B ₁	Over 1/3 daily min. adult requirement
CALCIUM	Over 1/3 daily min. adult requirement
PHOSPHORUS	Over 1/2 daily min. adult requirement
IRON	Over 1/5 daily min. adult requirement

There is also a generous part of the daily energy requirement (CARBOHYDRATES and PROTEINS) and other nutritional necessities including VITAMIN A and VITAMIN G.

Reprints of this page will be sent free of charge, on request. Address
National Biscuit Company, Dept. R-12, Station O, New York, N. Y.



A CANDLE IN THE NIGHT

Bedroom light, burning through the night, is often the silent symbol of sleeplessness. There are shadows on the wall, and the patient, imagining some fear, feels all subjective symptoms with increased intensity. And if the insomnia is associated with mental pain you may wish to insure restful sleep by means of a hypno-analgesic. There are a few points to consider in making a choice: No major improvement in orbital hypnotics has been made since the introduction of Allonal. Allonal is safe in professional hands. One of its most striking characteristics is that it can safely be prescribed night after night, as required, without danger of cumulative action or morning-after hangover. The hypnotic component is destroyed promptly in the body and eliminated. Because of the synergism of its two ingredients, allyl-isopropyl-barbituric acid and acetophenetidin, it is neither a short-acting nor a long-acting hypnotic. One or two tablets can be counted on to bring 6 to 8 hours of refreshing sleep—even in the presence of pain. Allonal does not contain amidopyrine.

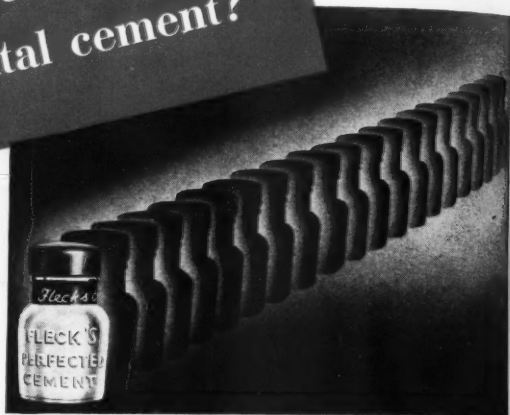
ROCHE • LA ROCHE, INC. • ROCHE PARK • NUTLEY • NEW JERSEY

ALLONAL 'ROCHE' OVERCOMES PAIN AND SLEEPLESSNESS

Why is uniformity
important in
a dental cement?

QUESTION

7.



FLECK'S CEMENT

(OXY-PHOSPHATE OF ZINC)

FLECK'S ARGENITE used with Fleck's Cement powder in place of regular Fleck's liquid provides a *sedative* germicidal cement for capping pulp exposures and near exposures. Its unique, germicidal action saves teeth that could never be saved before! It depreciates red cell infection, carious recurrences and provides conditions which are favorable for the growth of secondary dentin.

FLECK'S BLENDING POWDERS provide a dependable means whereby cement may be used esthetically under porcelain and acrylic inlays, crowns, etc. The concentrated shades of pink and gray were specially developed to be blended with regular Fleck's Cement so that it may be matched perfectly to the teeth or ceramic and acrylic restorations. These cement powders can be used to advantage to assure a more esthetic, live appearance to cementations.

FLECK'S RED is the standard germicidal powder for use underneath try. Its special cementing properties make it the most common copper cement.



MIZZY, INC. • MANUFACTURERS 5 E. 16

Answer: First, unless each batch of a given cement is identical to the next, the change in its properties and behavior in spatulation would not permit a consistent cementing technique. Second, a variation in the cement itself promises unpredictable variation in results.

Fleck's Cements are known to have a unique uniformity. Every color is uniform in every batch, and each batch is *guaranteed uniform with every other batch in all its colors*. With Fleck's you can be sure of the same superior strength and density—the same resistance to penetration, disintegration and solubility regardless of batch number or shade. You can be certain of unvarying uniformity of setting time with all Fleck's colors under all conditions of humidity and slab temperature.

Because it's safest . . . because its recorded performance is unmatched, most dentists throughout the world use Fleck's.

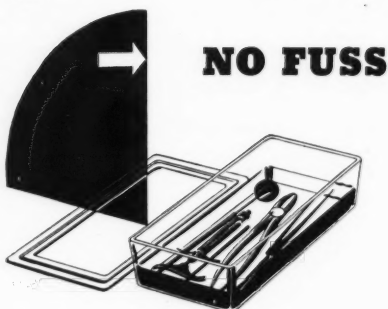
FLECK'S CEMENT

(RED COPPER)★

FLECK'S RED COPPER—famous throughout the world as the standard for germicidal cement assures positive germicidal protection in posterior cementations, linings underneath amalgam fillings and in children's dentistry. Its special properties made possible the protective cementing technique which is now normal procedure in routine practice. Fleck's led the field in all 21 tests of the most comprehensive research ever conducted on copper cements.



5 E. 16 ST., NEW YORK CITY



... and, better still,

NO FUMES!

No fumes will ever rise from your sterilizing receptacle to irritate your eyes and nostrils—no offensive odor from its contents will ever pervade your office . . . If you make it a practice to employ only *Metaphen* Disinfecting Solution! This exclusive Abbott product is designed for *cold* disinfection of instruments and contains *Metaphen* in 1:2500 dilution; a strength sufficient, in the absence of much blood and exudate, to kill common vegetative pathogenic bacteria—except the tubercle bacillus—in ten minutes. The solution is stable, non-volatile, and long continued use on reasonably clean instruments does not diminish its disinfecting power. Instruments need not be rinsed after disinfection and the solution leaves no sticky or gummy deposit to interfere with the free action of hinged or jointed instruments. *Metaphen* Disinfecting Solution is available in 1-quart and 1-gallon bottles. If you are not already using the product, why not order a quart today?

. . . Dealers can supply you. ABBOTT LABORATORIES, North Chicago, Illinois.

Metaphen Disinfecting Solution

* (4-nitro-anhydro-hydroxy-mercury-orthocresol, Abbott)

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TAKE AN IMPRESSION, DOCTOR!

TAKE, FOR EXAMPLE, the impression your skill and ability make on a patient whom you fit with dentures for the first time.

The more comfortable your patient is during the trying period of adjustment to the new plates, the better that impression is going to be . . . and the greater the patient's confidence in the work you do for him.

Perma-Grip Denture Powder does wonders in making new plates adhere more firmly and feel more comfortable! It has won the enthusiastic praise of so many dentists in all parts of the country that surely it deserves at least a trial by you. It is a fine, smooth-grained powder . . . slightly alkaline, quite tasteless. It will not "ball up" under the plate and cause discomfort.

Won't you let us send you a sample, at absolutely no cost to you? Just drop a line, on your professional letterhead, to Dept. H-12, Pro-phy-lac-tic Brush Company, Florence, Mass.

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